



lumident.net
 (800) 411-7472
 (260) 422-8992
 4218 Hobson Ct
 Fort Wayne, IN 46815

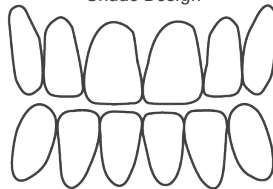
Dr _____
FIRST LAST
 Street: _____
 City: _____ State: _____ Zip: _____
 Phone _____
 Patient _____ MALE FEMALE
 Due Date: _____ by 5:00pm

<input type="checkbox"/> FULL CAST <input type="checkbox"/> Premium High Noble <input type="checkbox"/> High Noble (yellow) <input type="checkbox"/> Noble (yellow) <input type="checkbox"/> Noble (white) <input type="checkbox"/> Non-precious	<input type="checkbox"/> PORCELAIN TO METAL <input type="checkbox"/> High Noble (yellow) <input type="checkbox"/> High Noble (white) <input type="checkbox"/> Noble (white) <input type="checkbox"/> Non-precious <input type="checkbox"/> Porcelain Butt Margin	<input type="checkbox"/> METAL FREE <input type="checkbox"/> IPS e.Max <input type="checkbox"/> BruxZir® Anterior <input type="checkbox"/> BruxZir® <input type="checkbox"/> Full Contour Zirconia with a cutback <input type="checkbox"/> Porcelain Fused to Zirconia				
PONTIC DESIGN _____ 		If no occlusal clearance <input type="checkbox"/> Metal Occlusion/Stop <input type="checkbox"/> Reduction Coping <input type="checkbox"/> Adjust Opposing				
METAL MARGIN DESIGN _____ Anterior Posterior		<table border="1"> <tr> <th>Tooth #</th> <th>Shade</th> </tr> <tr> <td colspan="2" style="text-align: center;">Shade Guide</td> </tr> </table>	Tooth #	Shade	Shade Guide	
Tooth #	Shade					
Shade Guide						

Please Call

NOTES

Shade Design



SIGNATURE: _____ **LICENSE #** _____

Return the white and yellow copies with the case. Retain the pink copy for your file.



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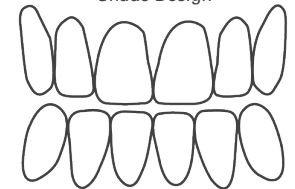
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