

Platinum

Dental Laboratory Inc.

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 Lake Elmo, MN 55042
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Doctor _____ License _____

Patient _____ Age _____ M / F

Date Sent _____ Date Due _____

Restoration Type

- E-Max Crown
- Full Zirconia Crown
- Layered Zirconia Crown
- PFM
- Gold Crown

Enclosures

- Bite Registration
- Bite Stick
- Models
- Model of Provisionals
- Photographs
- Shade Tab/s

Instructions/Shade

- Call for additional instructions

Signature _____