jimenez dental studio
cosmetic dental laboratory
edgar jimenez, FAACD

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Date Sent _____ Due Date/Time _____

Doctor _____

Address _____

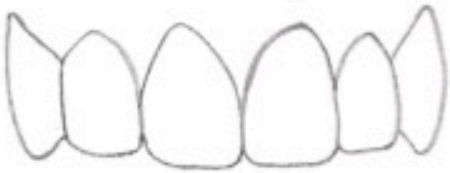
Patient's Name _____

Please send: Boxes Lab Slips

Included items: ____ Impressions ____ Models ____ Provisional Models ____ Bite Registration ____ Articulator ____ Shade Tab

Other _____

S D M
Lab Use Only



Photos _____ **Prep Shade** _____ **Final Shade** _____

Type of Restoration:

____ Crowns
- ____ All Ceramic
- ____ Zirconia

____ Veneers (Emax Only)
____ Inlay/Onlay
____ Diagnostic Wax Up
units _____
____ Putties / Guides
____ Provisionals
____ Surgical Stent
____ TMJ Splint

____ Implant Abutments
- ____ Zirconia
- ____ Titanium
- ____ Gold Hue

____ Implant type / Size
_____

____ Flipper
Other
_____

_____

Additional Instructions

_____

_____

_____

_____

_____

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_____

_____

_____

_____

Signature _____ License No. _____

Lab - Top Copy