



719-638-3598

Delivery Date: \_\_\_\_

Doctor's Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Patient: \_\_\_\_\_

Custom shade contact #: \_\_\_\_\_

Male  Female Age: \_\_\_\_\_

Shade No.: \_\_\_\_\_

SHADE INSTRUCTIONS



Specific Instructions



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SHADE INSTRUCTIONS



Specific Instructions

Doctor's Signature: \_\_\_\_\_

License #: \_\_\_\_\_ Date: \_\_\_\_\_

Doctor's Signature: \_\_\_\_\_

License #: \_\_\_\_\_ Date: \_\_\_\_\_

**All Ceramic**

- Full Diamond Zirconia
- Zr Occlusal/Lingual
- Porcelain to Zirconia
- E-Max®
- Zirconia Implant Abutment
- Titanium Implant

**Implants**

Name and size: \_\_\_\_\_

**Metal Crown & Bridge**

- Porcelain to Gold
- Metal Occlusal/Lingual
- Full Gold
- Cast Custom Post

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