

Oral Ceramics Dental Studio



3080 Jonquil Drive Suite B
 Smyrna, Ga. 30080
 770 438-8800 800-873-0911 770 438-1882 (fax)

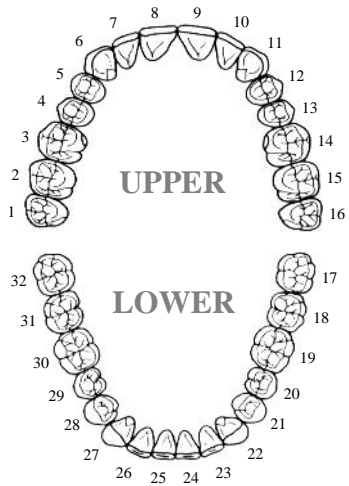
Please do not schedule patient on return date

Patient _____	Return Date _____
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Age _____ Sex _____

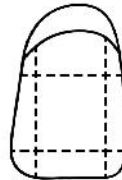
PO # _____

- | | |
|--|---|
| PFM <input type="checkbox"/> | Empress-Emax <input type="checkbox"/> |
| Cast <input type="checkbox"/> | Procera Zirconia <input type="checkbox"/> |
| High Noble <input type="checkbox"/> | Bruxer Crown <input type="checkbox"/> |
| Semi-Precious <input type="checkbox"/> | Post <input type="checkbox"/> |
| Non Precious <input type="checkbox"/> | Temporary <input type="checkbox"/> |



- | | | | |
|------------------|-------|----------------|--------------------------|
| Premium Denture | U / L | Custom Tray | <input type="checkbox"/> |
| Standard Denture | U / L | Bite Blocks | <input type="checkbox"/> |
| Immediate | U / L | Reline | <input type="checkbox"/> |
| Cast Partial | U / L | Rebase | <input type="checkbox"/> |
| Acrylic Partial | U / L | Repair | <input type="checkbox"/> |
| FRS | U / L | Surgical Stint | <input type="checkbox"/> |
| Night Guard | U / L | | |

Shade, acrylic, mold



- | | |
|----------|--------------------------|
| Die Trim | <input type="checkbox"/> |
| Try in | <input type="checkbox"/> |
| Finish | <input type="checkbox"/> |



**CERTIFIED DENTAL
 LABORATORY**

From Doctor _____

City _____ St _____ Zip _____

Phone _____ License # _____