

George I. Zoller, CDT
SC License No. 465

RECEIVED

PAN #



MOUNTAIN DENTAL LAB

9 Walden Ridge Dr., STE 30
Asheville, NC 28803 | 828-665-2257

DR. NAME

PATIENT NAME

TODAY'S DATE:

RETURN FOR:

SHADE INFORMATION

SEAT DATE & TIME:

- DIE TRIM
- BISQUE TRY-IN
- METAL TRY-IN

Gingival: _____
 Body: _____
 Incisal: _____
 Prep: _____

TYPE OF RESTORATION

TOOTH NUMBERS

ALL-CERAMIC

- Porcelain Fused to Zirconia
- Full Contour Zirconia
- IPS E.max Crown / Veneer
- IPS E.max Inlay / Onlay
- Celtra Crown / Veneer
- Celtra Inlay / Onlay

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16
 32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

Email Shade Photos to MountainDentalLab@gmail.com

IMPLANT

- Titanium Abutment
 - Gold Hue Abutment
 - Zirconia Abutment
- Circle: Cement / Screw-Retained

Implant Brand & System

Platform Size / Diameter

METAL FRAMEWORK

- Porcelain Fused to Metal
 - Non-Precious
 - Noble* (White)
 - Porcelain Butt Margin
 - Metal Occlusion / Lingual

Full Cast Crown

Circle: White / Yellow

- Non-Precious
- Noble*
- High Noble*

*Additional charge for alloy

SUPPLY REFILL REQUEST:

- Crown & Bridge Rx Pads
- Biohazard Bags
- Removable Rx Pads
- Shipping Labels

DENTIST SIGNATURE

DENTIST LICENSE #

ADDRESS/OFFICE LOCATION

PHONE #

LAB USE ONLY:

TYPE IMP _____ OPPOSING _____ BITE _____
 PRE OP _____ PARTIAL _____ OTHER _____

INVOICE #