



Whiteford Dental Laboratory

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(585)219-4441

www.whiteforddental.com

Trust • Communication • Reliability

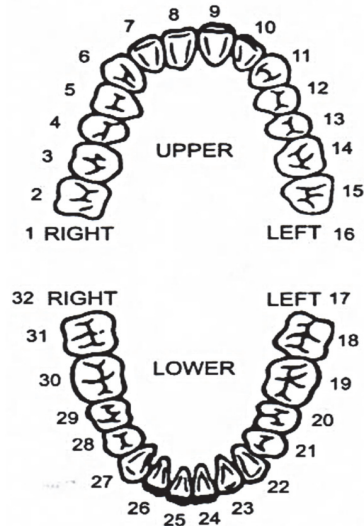
Doctor: _____

Date: _____

Patient: _____

Return Date: _____

Metal Restorations	
<u>Porcelain Fused:</u>	
Non-Precious	<input type="checkbox"/>
Semi-Precious	<input type="checkbox"/>
<u>Full Contour:</u>	
2% Gold	<input type="checkbox"/>
High Noble	<input type="checkbox"/>
Non-Precious	<input type="checkbox"/>



Implant Borne Restorations	
Screw Retained	<input type="checkbox"/>
Cement Retained	<input type="checkbox"/>
<u>Abutment Type:</u>	
Titanium	<input type="checkbox"/>
Zirconia	<input type="checkbox"/>

All Ceramic Restorations	
<u>Zirconia:</u>	
Full Contour	<input type="checkbox"/>
Multi-Layer/HT	<input type="checkbox"/>
ZirCad Prime®	<input type="checkbox"/>
Porcelain Layered	<input type="checkbox"/>
<u>Pressed Ceramics:</u>	
Full Contour e.max®	<input type="checkbox"/>
e.max® Inlay/Onlay	<input type="checkbox"/>
e.max® Veneer	<input type="checkbox"/>

Shade _____

Special Instructions & Shade Information



Occlusal

Stain: None Light Med. Dark

Please Indicate Case Specific Instructions: _____

Clinician Signature: _____

Call Dr.

Need Rx

License Number: _____

Need Boxes