

J & H Dental Laboratory

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Case # _____

Company Name: _____

 Patient Name: _____
 (First)

 (Last)

 Date Shipped: ____ / ____ / ____
 MM DD YY

 Date Needed: ____ / ____ / ____
 MM DD YY
 PORCELAIN TO Co-Cr Non Precious **PORCELAIN TO __ % GOLD** **PORCELAIN TO SEMI-PRECIOUS** **Porcelain Add-up/Metal Coping only** **PORCELAIN TO NON-PRECIOUS** **IPS E-MAX Empress Crown/Inlay/Onlay** **Implant** **Veneer** **FULL CAST GOLD CROWN** **Zirconium All Ceramic**

Shade Body:	Shade Gingival:	<input type="checkbox"/> No Collar <input type="checkbox"/> Ling Collar <input type="checkbox"/> 360 °Collar <input type="checkbox"/> Metal OCC <input type="checkbox"/> Metal Lingual
Shade Note:		
Tooth No. & Single Units <input type="checkbox"/> jointed <input type="checkbox"/>		
Occlusion <input type="checkbox"/> Out <input type="checkbox"/> 1 mm Out <input type="checkbox"/> 1/2 mm Out <input type="checkbox"/> In		
Pontic Design <input type="checkbox"/> Full Ridge <input type="checkbox"/> Partial Ridge <input type="checkbox"/> Point Contact <input type="checkbox"/> No Contact		
Shade Guide: <input type="checkbox"/> Vita <input type="checkbox"/> Ivoclar Vivadent		

Rx-Instructions:

 Porcelain Butt Margin**Tooth Number:**

Signature: _____

Date: _____

I verify that a signed prescription from a licensed dentist is on file for this restoration.