Dentech Pro, Inc.
Leaders in Dental Technology
9123 SE Saint Helens St., Ste. 185
Clackamas, OR 97015
Tel: (503) 305-3880 **Fax (503) 343-9517**

DUE DATE

Doctor:_____ Date: _____

Patient: _____

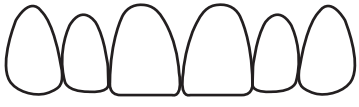
Age:_____ Sex:_____ Photo included: ❑ Yes ❑ No ❑ Emailed

SHADE

Cervical

Incisal

Stump



RESTORATION TYPE

❑ Porcelain Fused to Gold ❑ IPS e.Max® ❑ Zirconia/Lava

❑ Full Cast Gold ❑ Porcelain Veneer ❑ Other: _____

PONTIC DESIGN

❑ Sanitary ❑ Bullet ❑ Modified Ridge Lap ❑ Full Ridge Lap ❑ Ovate

℞ SPECIFIC INSTRUCTIONS

Dr. Signature_____License No._____

Email: lab@dentechpro.com Web: www.dentechpro.com

Lab Copy: White