



Case # \_\_\_\_\_  
For Lab Use Only

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610-432-5952

**Doctor**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_

**Patient**

Name \_\_\_\_\_ Date in Lab \_\_\_\_/\_\_\_\_/\_\_\_\_  
Tooth # \_\_\_\_\_ Return Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Age \_\_\_\_\_ Sex M F

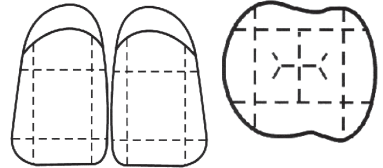
**All Ceramic**

- Full Contour Zirconia
- IPS e.max

Layered Zirconia

**Implant**

- Screw Retained
  - Zirconia Abutment
  - Titanium Abutment
- Shade \_\_\_\_\_



**Pictures**  Emailed  Enclosed

**Occlusal Stain**

- None
- Light
- Heavy

**Additional Instructions**

Doctor Signature \_\_\_\_\_ License # \_\_\_\_\_