



Case # _____
For Lab Use Only

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Whitehall, PA 18052
smile@rcdlab.com
610-432-5952

Doctor

Name _____
Address _____
City _____ State _____ Zip _____
Phone _____

Patient

Name _____ Date in Lab ____/____/____
Tooth # _____ Return Date ____/____/____
Age _____ Sex M F

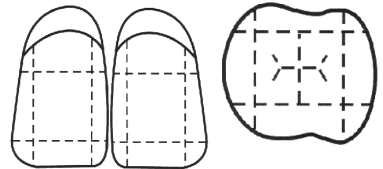
All Ceramic

- 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 # _____