Fusion
dental lab

360.647.4573
fusiondentallab.com

Date _____

case no.	lab only	Finish date	☐ am
		_____ day _____ hour	☐ pm

Patient Name _____

Doctor _____

℞

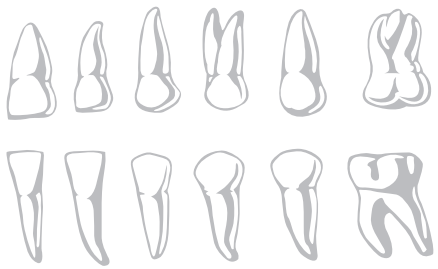
☐ additional instructions →

Margin:
porc butt porc to metal metal

Occlusal:
full porc full metal Ling 3/4 metal

Pontic:
Ridge lap modifed ridge lap
point contact no contact ovate

Occlusal stain:
none light medium heavy



shade _____ age _____

_____ sex _____

Enclosed

☐ Photos ☐ old crown

☐ Implant parts ☐ etc. _____

Dr. signature _____ License No. _____

Address: _____ Phone No. _____

Fusion Dental LLC · 2134 James Street . Bellingham, WA 98225

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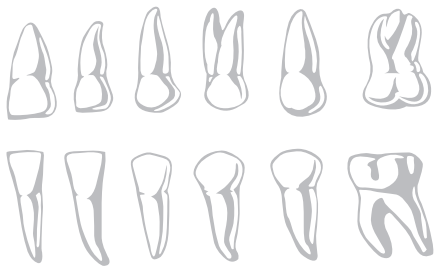

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