


Doctor's Name: _____ Today's Date: _____

Address: _____ Return Date: _____

Patient's Name: _____ Appt Date: _____ Time: _____

230 West Passaic Street - Maywood, NJ 07607
 Tel: 201-342-9505 Fax: 201-342-9506
 www.LifeLikeDentalStudio.com

SHADE	ALL CERAMICS	PFM	Margin Design	Pontic Design
<input type="checkbox"/> SHADE PHOTOS info@lifellikedentalstudio.com <input type="checkbox"/> CUSTOM SHADES Call for appointment 	<input type="checkbox"/> LifeLike FCZ (Full Contoured Zirconia) <input type="checkbox"/> Screw-Retained FCZ <input type="checkbox"/> Layered Zirconia Crown (Anterior) <input type="checkbox"/> Layered Zirconia Crown (Posterior) <input type="checkbox"/> IPS e.max Crown/Veneer	<input type="checkbox"/> Semi Precious PFM with Noble Metal <input type="checkbox"/> High Noble White PFM with High Noble White <input type="checkbox"/> Yellow High Noble PFM with High Noble Yellow <input type="checkbox"/> Maryland Bridge	<input type="checkbox"/> Butt Margin <input type="checkbox"/> No Metal Showing <input type="checkbox"/> Lingual Metal <input type="checkbox"/> Metal Band 360 <input type="checkbox"/> Metal Occlusion	<input type="checkbox"/> No Contact <input type="checkbox"/> Point Contact <input type="checkbox"/> Modified Ridge <input type="checkbox"/> Full Ridge <input type="checkbox"/> Ovate

ENCLOSED WITH CASE

Impressions

Bite Registration

Study Model

Opposing Model

Lab Analog

Implant Abutment

Impression Coping

Old Crown

Shade Tab

Other: _____

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

PLEASE SEND

Bags

RX Forms

UPS Boxes

UPS Labels

Doctor's Signature _____