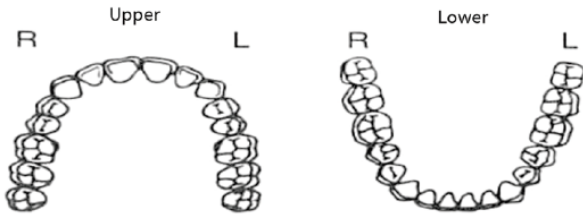


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1 2 3 4 5 6 7 8 | 9 10 11 12 13 14 15 16
 32 31 30 29 28 27 26 25 | 24 23 22 21 20 19 18 17

Dentist: _____

RETURN Date Requested: _____

Dental Office: _____

Patient Name: _____
 Male Female Age: _____

Characteristics: None Very Light Medium Visible Full

Alloy: Titanium Non-Precious Semi-Precious High Noble
 White Yellow

Order No. _____

Shade Detail:
 Cervical: Yes No SHADE _____
 Body: _____ SHADE _____
 Incisal: _____ SHADE _____
 Translucency: Yes No SHADE _____

ZIRCONIA E.MAX PFM
 PEEK TITANIUM Layered Monolithic

Instructions:

Impression _____
 Upper
 Lower
 Study Model _____
 Opposing Model _____
 Bite Registration _____
 Kois Analyzer Plate _____
 Articulator _____
 Implant Brand _____
 Implant Part(s) _____

Photos Emailed _____

CALLBACK

Shade Guide:
 Vita 3D
 Vita Classic
 Ivoclar Chromascope
 Other (specify) _____
 Mamelons Yes No
 White /Opalescent Ridges Yes No

Other:

Pre-Booked: _____

Date Sent: _____

Signature: _____

Internal Notes

 Date received _____
 Date Finished / Sent back _____

Phone Log dates called: _____

 Notes: _____

