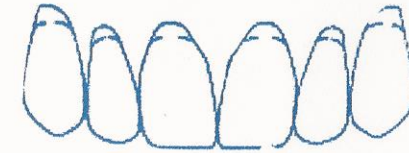


515 Regent Drive
 La Crescent, MN 55947
 (507) 895-2307

Please indicate desired shade on drawing below



Dr. _____ Date _____

Address _____

Phone _____ Patient _____

Finish Date _____ AM/PM Age _____ Sex _____

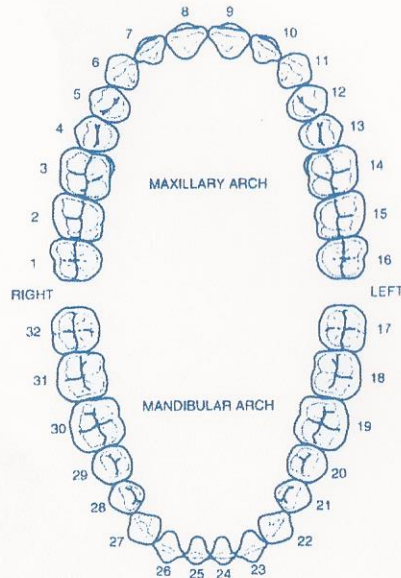
TYPE OF RESTORATION

- E-Max Crown
- E-Max Crown w/Cutback
- E-Max Veneer
- E-Max Bridge (1-3 units)
- Surgical Guide
- Full Contour Zirconium Crown
- Full Contour Zirconium Bridge (1-3 units)
- Diagnostic Wax-Up

Shade: _____

Stumpshade: _____

RX INSTRUCTIONS:



INCLUDED IN PAN

- Pre-Op Models
- Diagnostic Wax-Up
- Impression
- Bite Impression
- Opposing Model
- Photos



Dr. Signature _____

License Number _____

WHITE - Lab

YELLOW - Dentist