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Whitehall, PA 18052
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610-432-5952

Case # _____

For Lab Use Only

Doctor

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Patient

Name _____ Date in Lab ____/____/____

Tooth # _____ Return Date ____/____/____

Age _____ Sex M F

All Ceramic

Full Contour Zirconia

Layered Zirconia

IPS e.max

Implant

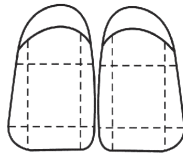
Smart Screw-Retained Package

All On one Full Arch Hybrid Zirconia

Prime Screw-Retained Package

Custom Abutment Titanium OR Zirconia

Shade _____



Occlusal Stain

- None
- Light
- Heavy

Additional Instructions

Pictures Emailed Enclosed

Doctor Signature _____ License # _____