



286 Silas Deane Highway • Wethersfield, CT 06109

(860) 571 - 0355 • 1-877-All-Teeth

Fax (860) 571-0395

www.ExpressDentalLab.net

**Express
Dental Lab**

Dr. _____ Date _____

Address _____ Due by **5:00pm on** _____

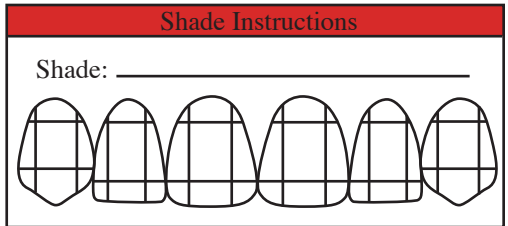
Patient _____ M F Approx. Age _____

R_x tooth # _____

Metal Margin _____

Cover Margin _____

Porc. Margin _____



Type of restoration PFM Press Crn Comp All Metal Zirconia

Pocelain alloy Precious Semi-precious Yellow Gold

All metal crown alloy 46% Yellow Gold 76% Yellow Gold Semi-precious Silver Color

Will adjacent or opposing teeth have restoration work done in the near future?

Adjacent Opposing

If interocclusal space is limited may we relieve the opposing tooth?

Yes No or construct a metal strike area metal occlusal

Signature _____

Payment for this service will be paid 10 days after statement date.

After 30 days a finance charge of 1.5% is added monthly, 18% yearly.

For Lab Use

c/m b dly/b w/d/imp f/work anlg abut o/crn s/m