



2051 Terry St. Suite C  
Longmont, CO 80501

**(303)232-2022**

Questions Welcome!

Office Use:

Send more:  Boxes  Slips



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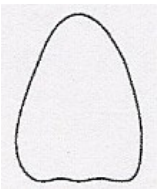
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**DUE DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
*Please schedule patient 1-2 days after the above date.*

New case  Lab Adjust  Remake  
 Metal try-in  Bisque try-in  Finish

<b>SHADE</b> <i>Please be specific</i>	<b>CUSTOM DRAWING</b>
	

<b>PFM</b>	<b>FGC</b>	<b>CERAMIC</b>
<input type="checkbox"/> Noble alloy <input type="checkbox"/> Hi-noble alloy <input type="checkbox"/> Pressed <input type="checkbox"/> Implant	<input type="checkbox"/> Hi-noble <input type="checkbox"/> Noble <input type="checkbox"/> Inlay <input type="checkbox"/> Onlay	<input type="checkbox"/> Zirconia <input type="checkbox"/> Full Zirconia <input type="checkbox"/> E.max

<b>METAL DESIGN</b>	<b>PONTIC DESIGN</b>
<input type="checkbox"/> No metal collar <input type="checkbox"/> Butt Margin <input type="checkbox"/> 360° Butt Margin <input type="checkbox"/> Metal Lingual Collar <input type="checkbox"/> Metal Lingual/Occlusal <input type="checkbox"/> 360° Metal Collar <input type="checkbox"/> Metal Occlusal	<input type="checkbox"/> Sanitary <input type="checkbox"/> Bullet <input type="checkbox"/> Mod. Ridge Lap <input type="checkbox"/> Full Ridge Lap <input type="checkbox"/> Ovate

<b>OCC. STAIN</b>	<b>CHARACTERIZATION</b>
<input type="checkbox"/> None <input type="checkbox"/> Light <input type="checkbox"/> Medium <input type="checkbox"/> Dark	<input type="checkbox"/> Blue Incisal <input type="checkbox"/> Decal Lines <input type="checkbox"/> Decal Spots <input type="checkbox"/> Defined Mamelons

**ANTERIOR DESIGN**  
*(please include a study model or pre-op impression with every anterior case)*  
Please circle one LVI Smile Design

1 2 3 4 5 6 7 8 9 10 11 12

Preparation Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Dr. \_\_\_\_\_  
Address \_\_\_\_\_  
Ph: (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
Patient \_\_\_\_\_  
Gender: M F Age: \_\_\_\_\_

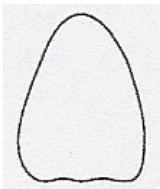
**SPECIAL INSTRUCTIONS:**  
*(In order to serve you better, please be very specific)*

Items Disinfected  Items Not Disinfected

Signature \_\_\_\_\_  
License # \_\_\_\_\_ State \_\_\_\_\_

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