



Dental Lab

www.TCdentallab.com

Portland: 1000 NE 122nd Ave, Portland, Oregon, 97230
P:(800) 926-5412 F: (503) 254-1957

Doctor Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip Code _____

Patient Name: _____ Due Date: *Delivery by 5pm on written date*

FIXED RESTORATION

TOOTH NUMBER: _____

SHADE: _____

OCCLUSAL STAIN:

☐ None ☐ Light ☐ Medium ☐ Dark

ALL-CERAMIC

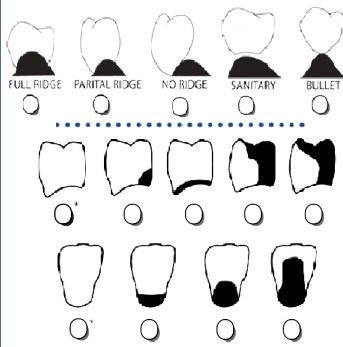
- ☐ Full Contour Zirconia ☐ Emax Press
☐ 3D Multilayer Zirconia ☐ Veneer
☐ Porcelain fused Zirconia ☐ Diagnostic Wax-up

METAL RESTORATION

PFM

FULL CAST CROWN

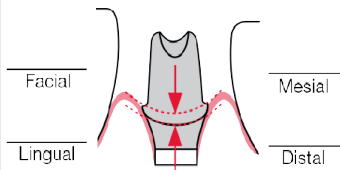
- ☐ Non-Precious ☐ Noble White ☐ Non-Precious ☐ Noble Yellow
☐ High Noble ☐ Noble White ☐ High Noble



Text

IMPLANT RESTORATION

ABUTMENT MARGIN DEPTH

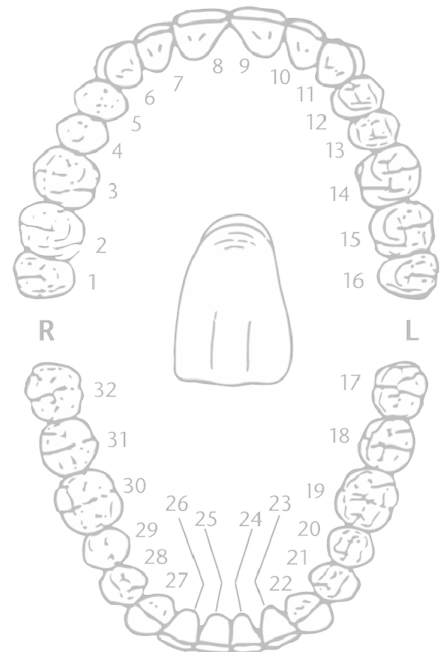
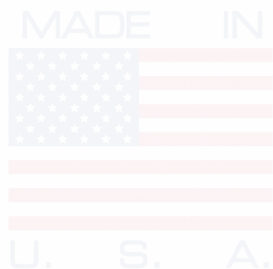


Implant System: _____

Implant Size: _____ mm

RESTORATION TYPE

- ☐ Screw-Retained ☐ Cement-Retained
☐ Titanium ☐ Zirconia with Ti Base ☐ Gold Cast



☐ Pictures have been sent to Info@tcdentallab.com

Signature: _____ License# _____