



D.H. Baker

Dental Laboratory

SPECIALIZING IN CROWN AND BRIDGE, COSMETIC, AND IMPLANT DENTISTRY
2531 Aero Park Dr., Traverse City, MI 49686 • 1-800-946-8880

DR. _____
ADDRESS _____
CITY _____
STATE _____ ZIP _____

DATE _____
PHONE (____) _____

FULL METAL CROWN: HN TYPE III (74%)
 HN TYPE III (59%)
 N TYPE III (50%)
TOOTH # (S): _____ HN TYPE II (77%) INLAY Au

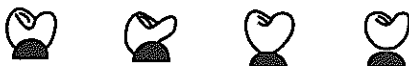
PRINT PATIENT'S NAME _____	
AGE _____	M F
RETURN DATE _____	
SEAT DATE _____	
SEND CASE BACK FOR:	
<input type="checkbox"/> DIE TRIM	<input type="checkbox"/> WAX CHECK
<input type="checkbox"/> METAL TRY-IN	<input type="checkbox"/> BISQ TRY-IN

PORCELAIN TO METAL

PFM HN WHITE HN YELLOW
 PRESSED TO METAL (HN WHITE ONLY)

LAB USE

TP	
2P	
Bite	
IMP	
OM	
SM	
FB	
PI	
TAB	
Photo	
RPD	



PONTIC DESIGN _____

FACIAL MARGIN: SHOW NO METAL METAL COLLAR ALL PORCELAIN MARGIN

OCCUSAL COVERAGE: PORCELAIN METAL OCCUSAL

PFM SHADE: _____

FUTURE RPD DESIGN (Please describe below)
<input type="checkbox"/> YES <input type="checkbox"/> NO

TOOTH # (S): _____

ALL PORCELAIN ESTHETIC RESTORATIONS

ALL PORCELAIN RESTORATION
(EMPRESS®, AUTHENTIC®, E-PRESS®)
 ZIRCONIUM RESTORATIONS
(LAVA®, ZENO®, PROCERA®)
 INDIRECT COMPOSITE

SHADE: _____
STUMP SHADE: _____
TOOTH # (S): _____
 SEE ADDITIONAL INSTRUCTIONS BELOW

OCCUSAL STAIN: NO YES LIGHT MEDIUM DARK

INSTRUCTIONS:

Personal Signature of Dentist _____

Dentist License # _____

PLEASE SEND: PRESCRIPTIONS BOXES MAILING LABELS BAGS

WHITE/YELLOW: LAB COPY PINK: DOCTOR COPY