



Z Crown LLC

Dental Laboratory

3043 Emmons Ave. 2nd Fl.
Brooklyn, NY 11235
(347) 709-9494

RETURN DATE

Doctor _____ Work Order Number _____

Patient _____ Age _____ M _____ F _____

Date needed Try In: _____ Completed: _____

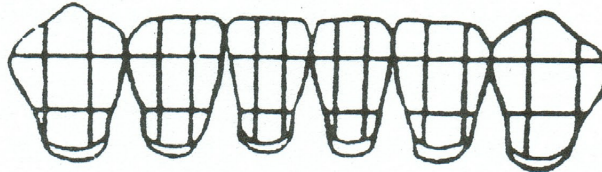
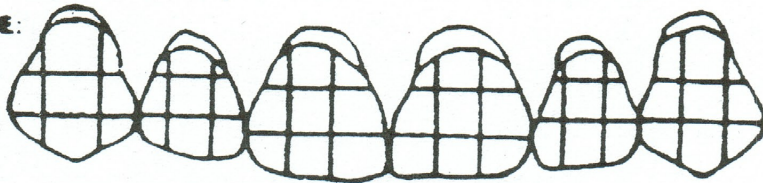
Shade: _____

SPECIAL SHADE INSTRUCTIONS

PLEASE CHECK ONE:

- Connect Bridge
- Try In
- Bis Bake
- Finish

No Buttons



RIDGE RELIEF:
 Slight Heavy

Full Ridge

Partial Ridge

No Ridge

PONTIC DESIGN
Point Contact No Contact

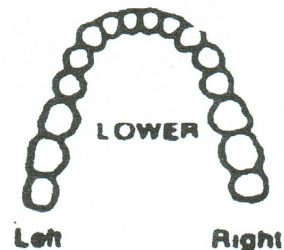
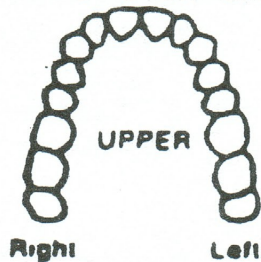


CONTACTS:

Open Closed Tight Description or Special Instructions _____

TIGHT

DESIGN CASE HERE



DATE _____ AUTHORIZED SIGNATURE _____

LICENSE NO. _____