



J&K Dental Prosthetics Inc.

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Patient _____

Guide Used _____

Shade No. _____

Age _____ M F Complexion _____ Date _____

Crown & Bridge Fabrication

Porcelain To:

- Yellow Gold Semi-Precious
- White Gold Non-Precious

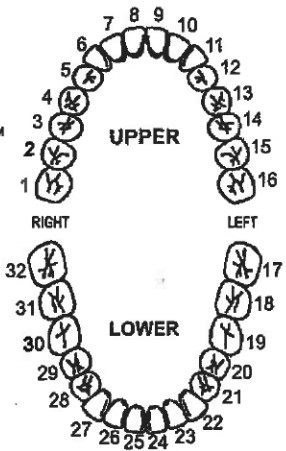
Full Cast :

3/4 Cast :

Inlay :

Temps :

- | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> Gold | <input type="checkbox"/> Gold | <input type="checkbox"/> Gold | <input type="checkbox"/> Jeltemp™ |
| <input type="checkbox"/> Semi-Prec. | <input type="checkbox"/> Semi-Prec. | <input type="checkbox"/> Semi-Prec. | |
| <input type="checkbox"/> Non-Prec. | <input type="checkbox"/> Non-Prec. | <input type="checkbox"/> Non-Prec. | |
| <input type="checkbox"/> Empress | <input type="checkbox"/> Empress2 | <input type="checkbox"/> Targis | <input type="checkbox"/> Bruxzir |
| <input type="checkbox"/> Procera | <input type="checkbox"/> Captak | <input type="checkbox"/> Lava | <input type="checkbox"/> Zirconia |



Rx Special Instructions :

We Need :

- Prescription Pads
- Mailing Labels
- Mailing Boxes

Try-In _____ Finished _____

Dr. Signature _____ License # _____

Dr's Name _____ Due Date _____

Address _____

City _____ State _____ Zip _____