



# Becker Dental Laboratory, Inc.

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**No 49031**

www.beckerdentallab.com

Doctor \_\_\_\_\_ Phone # : \_\_\_\_\_  
PLEASE PRINT CLEARLY

Address \_\_\_\_\_

Patient \_\_\_\_\_ Sex :  M  F Age : \_\_\_\_\_

Date : \_\_\_\_\_ Due Date : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### PORCELAIN FUSED

- High Noble     Non-Precious  
 Noble

### PLEASE CHECK ONE

- Bite Block     Metal Try-In  
 Teeth Try-In     Bisque Bake  
 Finish     Dr. Die Trim

### SHADE



### BUCCAL MARGIN DESIGN

- Porcelain Butt Margin  
 Metal Margin \_\_\_\_\_ mm

### METAL DESIGN



### PONTIC DESIGN



### OCCUSAL SPLINTS

- CLEARsplint     Flexite     Anterior

### DENTURE

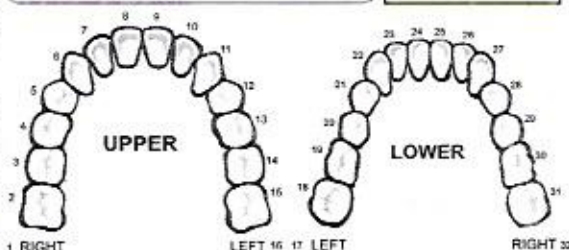
- FUD     FLD  
 PUD     PLD  
 TCS     Reline  
 Metal Framework     Repair

### ALL METAL RESTORATION

- White Gold     Non-Precious  
 Yellow Gold     Noble

### ALL CERAMIC RESTORATION

- e.max Press     BruxZir Full Contour  
 e.max CAD     BruxZir Layered



Rx

SPECIFIC INSTRUCTION

Dr. Signature : \_\_\_\_\_ D.D.S. License No. \_\_\_\_\_

TERMS : NET 30 DAYS. 2% SERVICE CHARGE OVER 30 DAYS. COST OF COLLECTION OF ANY ACCOUNT WILL BE PAID BY CUSTOMER.