



Whiteford Dental Laboratory

Trust • Communication • Reliability

56 Harvester Avenue, Suite 1-307

Batavia, NY 14020

(585) 219-4441

www.whiteforddental.com

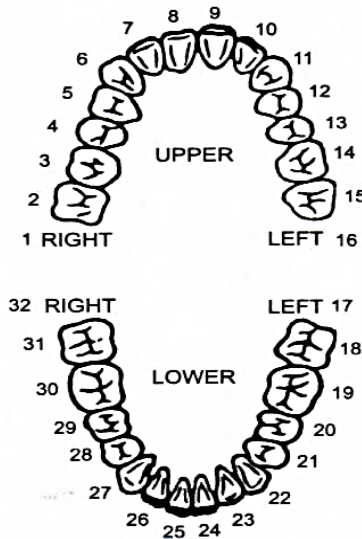
Doctor: _____

Date: _____

Patient: _____

Return Date: _____

Metal Restorations	
Porcelain Fused:	
Non-Precious	<input type="checkbox"/>
Semi-Precious	<input type="checkbox"/>
High Noble	<input type="checkbox"/>
Full Contour:	
2% Gold	<input type="checkbox"/>
High Noble	<input type="checkbox"/>
Non-Precious	<input type="checkbox"/>

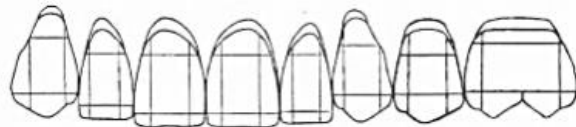


Implant Borne Restorations	
Screw Retained	<input type="checkbox"/>
Cement Retained	<input type="checkbox"/>
Abutment Type:	
Titanium	<input type="checkbox"/>
Zirconia	<input type="checkbox"/>

All Ceramic Restorations	
Zirconia:	
Full Contour	<input type="checkbox"/>
Multi-Layered FC	<input type="checkbox"/>
High Translucency FC	<input type="checkbox"/>
Porcelain Layered	<input type="checkbox"/>
Pressed Ceramics:	
Full Contour e.max®	<input type="checkbox"/>
e.max® Inlay/Onlay	<input type="checkbox"/>
e.max® Veneer	<input type="checkbox"/>

Shade _____

Special Instructions & Shade Information



Occlusal Stain: None Light Med. Dark

Please Indicate Case Specific Instructions: _____

Clinician Signature: _____

Call Dr.

License Number: _____

Need Rx

Need Boxes