COLONIAL CROWN
DENTAL LAB

25 Castle Gate Road • Wayland, MA 01778
Main : (480) 226-6030 • Office : (505) 655-1165 • E-mail : ccdl.pg@gmail.com

Doctor : _____

Patient : _____

Date Sent : _____ Sex : ☐ Male ☐ Female Age: _____

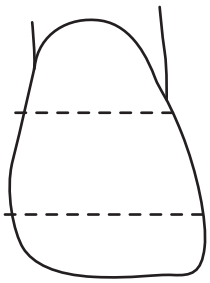
Date needed in your office by 5:00 pm _____

☐ Call Me
☐ Dr. Trim Die
☐ Finish
☐ Bisque
☐ Metal Try-In

☐ PFM ☐ E.MAX ☐ ZIRCONIA / LAVA
☐ Implants ☐ GOLD ☐ DIAGNOSTIC WAX-UP

SHADE _____

TOOTH # _____



OCCLUSAL STAINING :

☐ NONE
☐ MEDIUM
☐ LIGHT

METAL DESIGN

☐ ☐ ☐

☐ FULL RIDGE LAP ☐ MODIFIED RIDGE LAP ☐ SANITARY PONTIC

℞ Specific Instructions :

DR. SIGNATURE : LICENSE NO.