

For Lab Use	
#	_____

FL Lab License DL 12000

Doctor: _____

Patient: _____ Age: _____ Male Female

Instructions: _____

Shipping date: _____ Due Sent: _____ Try-in Finish

Crown MP Crown E-Max Crown Zirconia

RPD/RCD Acrylic Implants Metal Frame

Flex

Orthodontic Others _____

Upper

Lower



Shade: _____

Have you included the following?

- Alginate Impression
- Articulator
- Bite Registration
- Implant Parts
- Photographs
- Opposing Model

Dentist's Signature: _____

License #: _____