

For Lab Use

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FL Lab License DL 12000

Doctor:		
Patient: ————		Age: —
nstructions:		
i e		
Shipping date: ———	Due Sent:	☐ Try-in☐ Finish
		L Tillion
Crown MP	Crown E-Max	Crown Zirconia
A DDD (DOD O A	Acrylic	Metal Frame
RPD/RCD F	lex Implants) Wetai Frame
Orthodontic	Others —	
Upper		
Lower		
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/ <i>/ / / / / / / / / /</i>	Shade:	
30000	<u> </u>	
lave you included the foll	owing?	
<ul> <li>Alginate Impression</li> </ul>	e e e e e e e e e e e e e e e e e e e	
Articulator		
Bite Registration		
Implant Parts		
Photographs		
Opposing Model		
Dentist's Signature	Licen	so #: