



# SOUTHERN CRAFT™

DENTAL LABORATORY, CDL



Precision Crafted. Technology Driven.



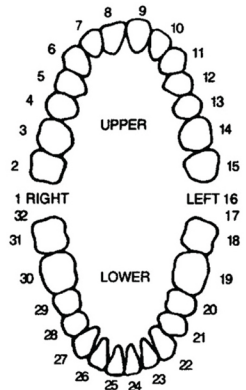
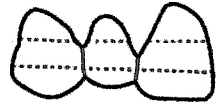
NATIONAL WATS: 1-800-532-7554  
IN GA: 770-536-7554

2275 Limestone Pkwy  
GAINESVILLE, GA 30501  
Patient/Case # \_\_\_\_\_

Shade \_\_\_\_\_

SEX \_\_\_\_\_ AGE \_\_\_\_\_ COMPLEXION \_\_\_\_\_ DATE \_\_\_\_\_

<b>PFM</b>	<b>FULL CAST</b>
PORC. TO NON-PREC. <input type="checkbox"/>	Non-Prec. <input type="checkbox"/>
PORC. TO SEMI-PREC. <input type="checkbox"/>	Semi-Prec. <input type="checkbox"/>
PORC. TO WHITE GOLD <input type="checkbox"/>	White Gold <input type="checkbox"/>
PORC. TO YELLOW GOLD <input type="checkbox"/>	Yellow Gold <input type="checkbox"/>
PORC. TO YELLOW GOLD <input type="checkbox"/>	<b>Metal Occ.</b>
CAPTEK™ <input type="checkbox"/>	Full <input type="checkbox"/>
Single _____	2/3 <input type="checkbox"/>
Bridge _____	1/2 <input type="checkbox"/>
<b>ALL PORCELAIN</b>	Island <input type="checkbox"/>
e.Max Crown <input type="checkbox"/>	<b>Metal Margin</b>
e.Max Inlay/Onlay <input type="checkbox"/>	360° _____ mm <input type="checkbox"/>
e.Max Veneer <input type="checkbox"/>	Lingual _____ mm <input type="checkbox"/>
Zirconia Crown <input type="checkbox"/>	None <input type="checkbox"/>
Full Contour Zirconia <input type="checkbox"/>	<b>Occlusion Stain</b>
<b>Porcelain Margin</b>	Light <input type="checkbox"/>
Buccal <input type="checkbox"/>	Medium <input type="checkbox"/>
360° <input type="checkbox"/>	Heavy <input type="checkbox"/>
	None <input type="checkbox"/>
	Implant _____
	Type _____
	Size _____



Tooth # \_\_\_\_\_

**SPECIAL INSTRUCTIONS**

DIES TRIMMED BY DR.: YES \_\_\_\_\_ NO \_\_\_\_\_

**WE NEED**

RX PADS

MAILING LABELS      Try-In \_\_\_\_\_ Finish \_\_\_\_\_      Return Date \_\_\_\_\_

MAILING BOXES

Dr. Signature \_\_\_\_\_ LICENSE# \_\_\_\_\_

Dr. \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_