




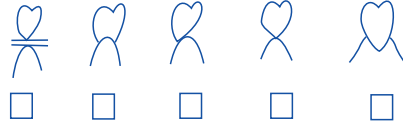
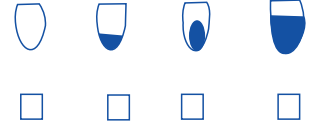




E Tech Dental
laboratory

925 S Atlantic Blvd, #202B
Monterey Park, CA 91754
Tel: (310) 730-9842
Fax: (310) 913-1277
www.etechedental.com

Doctor: _____ Date Prepped: _____

Patient: _____ Street: _____ City: _____
 First Last

Try-in Date: _____ Finish Date: _____ Time: _____

<p>Rx</p> <p>Tooth Number _____</p>	<p>Specific Instructions</p>	<p>SHADE INSTRUCTIONS</p>  <p>Shade _____ Stump _____</p>	<p>OCCUSAL STAINING</p> <p><input type="checkbox"/> None <input type="checkbox"/> Light <input type="checkbox"/> Medium <input type="checkbox"/> Heavy</p>	
	<p>Photos</p> <p><input type="checkbox"/> Digital Scans File</p> <p><input type="checkbox"/> Memory Card / Thumb Drive / CD Enclosed</p> <p><input type="checkbox"/> Prints Enclosed</p> <p><input type="checkbox"/> E-mailed Photos</p>	<p>PONTIC DESIGN</p> 	<p>ANTERIOR METAL DESIGN</p> 	<p>POSTERIOR METAL DESIGN</p> <p><input type="checkbox"/>  Fall Coverage</p> <p><input type="checkbox"/>  Lingual Metal Collar</p> <p><input type="checkbox"/>  Excluding Buccal Casp</p> <p><input type="checkbox"/>  including Puccal Casp</p>
	<p>Signature _____ Date _____</p> <p>I verify that a signed Prescription From a licensed Dentist is on file for the restoration</p>	<p>ALL-CERAMIC</p> <p><input type="checkbox"/> Cercon Zirconia</p> <p><input type="checkbox"/> Lava Zirconia</p> <p><input type="checkbox"/> Press-Ceramic</p> <p><input type="checkbox"/> Veneers</p> <p><input type="checkbox"/> Ips E-max</p> <p><input type="checkbox"/> Full Contour Z</p>	<p>BUCCAL MANGIN DESIGN</p> <p><input type="checkbox"/> Porcelain Butt Margin</p> <p><input type="checkbox"/> Supported Margin</p> <p><input type="checkbox"/> Hairline Metal Margin</p> <p><input type="checkbox"/> _____MM of Margin</p>	

Surgical stent
 Temp C & B

PORCELAIN TO METAL

CAD CAM PFM
 Non-Precious
 Noble (Semi-Precious)
 White High Noble
 Yellow High Noble
 Captek