

CUSTOM CROWNS DENTAL LAB

989-992-4365

customcrownsdental@yahoo.com

6004 Westside Saginaw Road

Bay City, Michigan 48706

20101



DOCTOR _____ PHONE NO. _____

ADDRESS _____ LICENSE NO. _____

CITY _____ DATE _____

PATIENT _____ MALE

FEMALE

DOCTOR'S SIGNATURE _____ AGE _____

DATE WANTED _____

- | | |
|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> PFM | <input type="checkbox"/> HIGH NOBLE |
| <input type="checkbox"/> ZIRCONIA | <input type="checkbox"/> NOBLE |
| <input type="checkbox"/> ALL CERAMIC | <input type="checkbox"/> BITE SPLINT |
| <input type="checkbox"/> FULL GOLD | |

 SHADE _____	IMPLANT SIZE _____
	IMPLANT TYPE _____
	SCREW RETAINED _____
	CEMENT RETAINED _____
