

Dr/Practice _____

Patient Name _____



Closing the gap between expected quality and affordable prices.

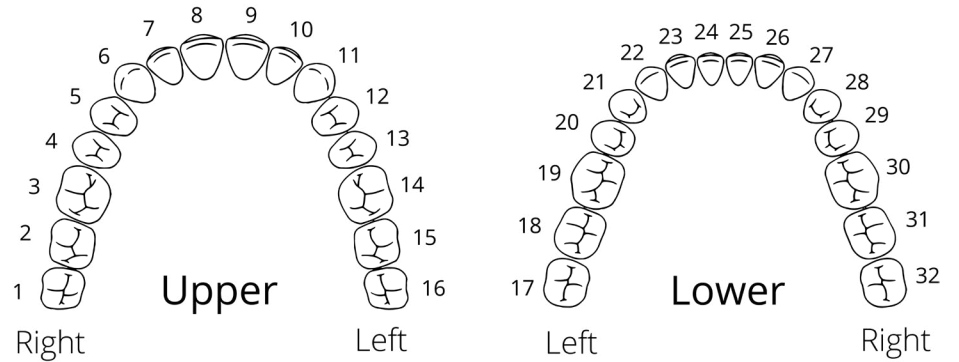
Female Male Age

Due Date _____

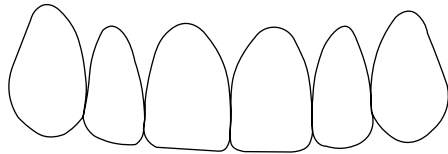
Return for Dr. die trim? Yes No

Opposing teeth to be restored? Yes No

Full Cast Crown Noble White
High Noble Zirconia
Noble Yellow



Shade _____



Notes: _____

Ceramic Choice:

Zirconia PFM
Lithium Disilicate All Ceramic

Metal Choice:

Captek Noble
Non Precious High Noble

Porcelain to Metal Design:

Porcelain Butt Margin Facial Metal Margin
Metal Lingual / Occlusal Lingual Metal Collar

Date _____ License # _____
Signature _____

Send More

RX's
Labels
Bags

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