Grossmont DENTAL LABORATORY INC since 1975
7339 El Cajon Boulevard, Suite A
La Mesa, California 91942
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FINISH
Date_____ AM PM

Metal Try-In
Date_____ AM PM

Bisque Try-In
Date_____ AM PM

Dr. _____ Date_____

Address_____

Phone _____ Patient _____

Sex _____ Age _____ PAN #: _____ *(assigned by lab)*

ADVANCED DENTAL RESTORATIVE SYSTEMS

TYPE OF RESTORATION

- ❑ Porcelain Fused-to-Metal
- ❑ IPS Empress, Authentic
- ❑ E-Max
- ❑ YZ, Lava, Milled Zirconia
- ❑ Implant
- ❑ Diagnostic Wax-up
- ❑ Full Gold Crown
- ❑ Composite
- ❑ Custom Temps
- ❑ Other _____

INCLUDED IN PAN

- ❑ Implant Analog
- ❑ Implant Abutment
- ❑ Bite
- ❑ Old Crown

RX INSTRUCTIONS:

Shade: _____

Stumpshade: _____

TYPE OF METAL

- ❑ High Noble (Yellow)
- ❑ High Noble (White)
- ❑ Noble (Semi-precious)
- ❑ 24 karat (Bio)

METAL DESIGN

Margins

- ❑ Porcelain Butt Margin (Shoulder Prep Required)
- ❑ Porcelain to Margin (Feather Margin)
- ❑ Lingual Collar _____mm
- ❑ Full Metal Band _____mm
- ❑ Other _____

Metal Occlusal

- ❑ Excluding Buccal Cusp
- ❑ Including Buccal Cusp
- ❑ Metal Lingual _____mm

Excellence in Cosmetic, Restorative and Implant Dental Services

COSMETIC SYSTEMS

PHOTOS:

- ❑ Pre-Op Photo
- ❑ Preps with Stump Shade
- ❑ Temps - Full Face
- ❑ Temps - Nose to Chin (Relaxed Lip)
- ❑ Stick Bite - Full Face
- ❑ Profile

INCLUDED IN PAN:

- ❑ Pre-Op Models
- ❑ Wax-up
- ❑ Diagnostic
- ❑ Final Impression
- ❑ Stick Bite
- ❑ Face bow
- ❑ Opposing
- ❑ Impression of Temps

Please indicate desired shade on drawing below:

LENGTH
Central _____mm Lateral _____mm Canine _____mm

Incisal Translucency	☐ Heavy	☐ Med	☐ Light	☐ None
Mammalons	☐ Heavy	☐ Med	☐ Light	☐ None
Surface Texture	☐ Heavy	☐ Med	☐ Light	☐ None
Occlusal Staining	☐ Heavy	☐ Med	☐ Light	☐ None

Dr. Signature _____

License Number: _____