



Metropolitan Dental Laboratory, LLC.

16 Oxford Road, Milford, CT 06460

203-795-8555

DR. _____

ADDRESS _____

DATE _____ SIGNATURE _____ LIC. NO. _____

MALE FEMALE **PLEASE PRINT PATIENTS NAME** _____

SHADE _____ BIS BAKE GLAZE TRY IN FINISH

RETURN DELIVERY DATE _____ A.M. P.M.

EMBRASURES

PONTIC DESIGN

NORMAL OPEN CLOSED

FULL RIDGE

PARTIAL RIDGE

NO RIDGE

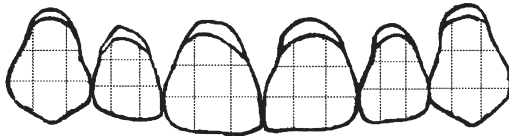
SANITARY

BULLET



COLLAR DESIGN

SLIGHT COLLAR FULL COLLAR NO COLLAR ROOT CONTOUR

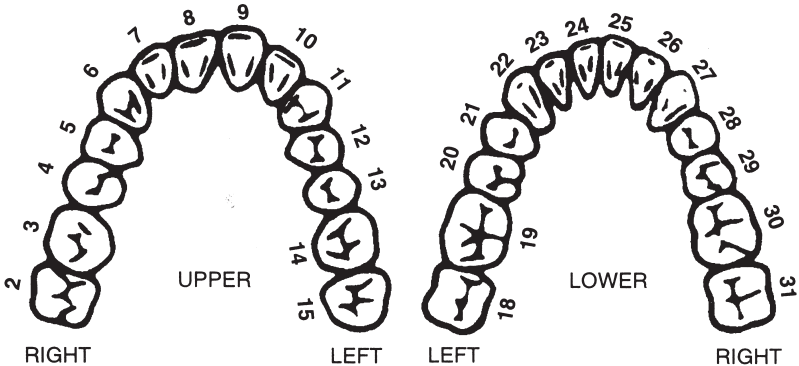


SHADING
DETAIL

SPECIAL INSTRUCTIONS

SINGLE BRIDGEWORK CALL DOCTOR

DESIGN



SEND TO LABS:

- Upper Impression
- Lower Impression
- Triple Tray Impression
- Bite
- Study Models
- Photos
- Shade Tab

Copings # _____
Bisque Bake # _____
 Pick-Up Impression

- Bite Rim
- Wax Try In
- Partial Upper
- Partial Lower
- Attachment _____
- Denture Teeth _____
- Impression Coping _____
- Lab Analog _____
- Abutment _____
- Screw _____

Other _____