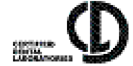

651.407.0491
800.747.1321

4225 White Bear Parkway Suite 1240
Vadnais Heights, MN 55110-3349

www.renstrom.com

DOCTOR: ____ DATE: ____

PATIENT: ____ ADDRESS: ____

DATE TO BE RETURNED: ______________________________ ____

SEX_______________ AGE_______________ SHADE_______________ STUMPF SHADE (All Ceramic) _______________

CASE INSTRUCTIONS

Tooth Number:	Crown Type:

SPECIAL INSTRUCTIONS

MARGIN DESIGN	OCCLUSION	PONTIC DESIGN	DO YOU NEED:
☐ Porcelain Shoulder	☐ Porcelain	☐ Full Ridge	☐ Mailing Boxes
☐ Buccal Band of Gold	☐ Metal	☐ Partial Ridge	☐ Work Order Form
☐ No Metal to show	☐ Metal Only If Necessary	☐ No Ridge	
		☐ Convex (Socket)	
		☐ No Contact	

Signature____