

CROWN TYPE

TOOTH #'S: _____

- NON LAYERED EMAX NON LAYERED ZIRC FULL GOLD
- LAYERED EMAX LAYERED ZIRC PORC/METAL
- NON LAYERED EMAX CUSTOM TITAN. ABUT STOCK ABUT



DR. _____

RETURN DATE: _____

SEAT TIME: _____

PATIENT: _____ SEX: _____ AGE: _____

DOCTOR'S INSTRUCTIONS

TECHNICIAN'S NOTES

SMALL LABIAL OR BUCCAL BAND OF GOLD

- YES Only If
- NO Necessary

PONTIC DESIGN

- FULL RIDGE 
- PARTIAL RIDGE 
- NO RIDGE 
- POINT CONTACT 
- NO CONTACT 

OCCUSION

- PORC. Only If Metal
- METAL Necessary

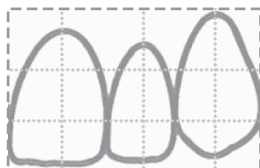
DO YOU NEED— Mailing Boxes Work Order Form

DOCTOR'S PERMANENT INSTRUCTIONS

PREP SHADE: _____

CROWN SHADE: _____

CUSTOM SHADE @ LAB: _____



PHOTOS MAY BE EMAILED TO: RANDI@RENSTROM.COM
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WWW.RENSTROM.COM

SIGNATURE: _____ DATE: _____

- MODEL PARTIAL ARTICULATOR PHOTOS
- IMPRESSION SHADE BITE REGISTRATION OTHER _____