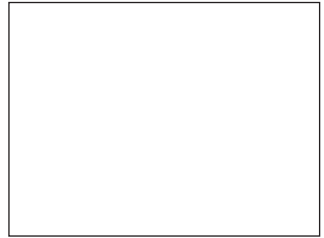




MID-CAPE DENTAL LABORATORY

1121 ROUTE 28 | SOUTH YARMOUTH, MA 02664
508.790.1987 | FAX 508.790.2633
OFFICE@MIDCAPEDENTALLABORATORY.COM



Doctor _____

Patient's Name _____	<input type="checkbox"/> Try-in	Age _____	Sex
	<input type="checkbox"/> Complete		<input type="checkbox"/> M
	<input type="checkbox"/> Die Trim		<input type="checkbox"/> F

RETURN/DELIVERY DATE _____ (PRE-DATE THE APPOINTMENT) TODAY'S DATE _____

ALLOY SELECTION

- Non Precious
- Noble-Semi
- High Noble "White"
- High Noble "Yellow"
- Precious Alloy

Shade

DESIGN

- Full coverage porcelain
- Veneer (Facial porcelain only)
- Occlusal metal
- Relieve if necessary
 - Opposing Preparation

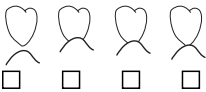
FINISH LINE

- Metal band on labial
- Porcelain butt margin
- Porcelain over metal at margin

FULL-CAST RESTORATIONS

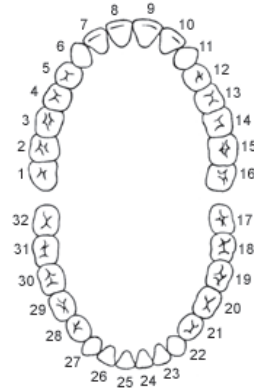
- High Noble
- Noble

PONTIC DESIGN



METAL FREE

- Zirconia
- Zirconia Layered
- Emax
- Emax Layered
- High Translucency Zirconia



M
W
F
P

#s _____

Signed Dr. _____
Address _____
