

Rainbow Dental Laboratory, Inc.

735 Bryant St. 2nd floor San Francisco CA 94107 Tel. 415-391-6799 Fax: 415-536-5936

Doctor's Name: _____ Telephone Number: _____

Address: _____

Patient Name: _____ Age: _____ Male Female

Date Ordered: _____ Requested Finish Date: _____

STUMP SHADE: _____ SURFACE TEXTURE: Smooth Moderate Rough

PRESCRIBED SHADE: _____ TOOTH #: _____

Pontic Type: _____

- Margin Type: Porcelain Facial
Porcelain 360
Metal Collar
Disappearing

RESTORATION:

- Implant Snappy
Custom Abutment Implant
E.Max Full Mill
Empress Inlay/Onlay
Empress Jacket
Empress Veneer
Full Cast or Inlay/Only
Porcelain fused to Metal
Sinfony
Zirconia

Alloy for PFM:

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

Alloy for Full Cast:

- Gold White
Gold Yellow
Non-Precious
Semi-Precious

Doctor's Signature: _____

License Number: _____

ADDITIONAL INSTRUCTIONS

FOR LAB USE

Date Sent For: _____ Date Returned From: _____

Die Trim _____ Die Trim _____

Metal Try In _____ Metal Try In _____