

# 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 \_\_\_\_\_