

RiverRock Dental Laboratory, Inc.

601 S. Garfield Ave., Suite A
 Traverse City, MI 49686
 (231) 929-7770
 Fax (231) 929-7776

Date Shipped: _____ Date Needed: _____ SHADE

Doctor: _____

Address: _____ Phone: (____) _____

City: _____ State: _____ Zip: _____

Patient: ^{MR.}MISS _____ Age: _____

TYPE OF RESTORATION CAST CROWN <input type="checkbox"/> 3/4-MOD-MO <input type="checkbox"/> FULL PORC. COVERAGE <input type="checkbox"/> BUCCAL PORC. ONLY <input type="checkbox"/> ALL CERAMIC <input type="checkbox"/> BUTT PORC. SHOULDER <input type="checkbox"/>	FINISH <input type="checkbox"/> METAL TRY-IN <input type="checkbox"/> METAL TRY-IN SPLINT <input type="checkbox"/> BISQUE BAKE TRY-IN <input type="checkbox"/> WAX TRY-IN <input type="checkbox"/> PORCELAIN COVERAGE 	METAL FREE ZIRCONIUM <input type="checkbox"/> IPS ERIS <input type="checkbox"/> EMPRESS <input type="checkbox"/> THIN PRESS (NO PREP) <input type="checkbox"/> CEREC FULL CONTOUR <input type="checkbox"/>
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CIRCLE DESIRED DESIGN	FULL RIDGE 	PARTIAL RIDGE 	PORCELAIN ALLOYS 52% WHITE <input type="checkbox"/> 96% YELLOW <input type="checkbox"/>	CAST CROWN ALLOYS 58% III <input type="checkbox"/> 83% I <input type="checkbox"/>
	POINT CONTACT 	NO CONTACT 	METAL BAND ON FACIAL YES NO	WILL OPPOSING TEETH BE RESTORED? YES NO

DESIGN CASE HERE

SPECIAL INSTRUCTIONS: _____

Signature: _____ License #: _____

RETURN ORIGINAL COPY ONLY

Please send Prescriptions Mailing Labels Boxes

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