



Reliable Dental Laboratory

10610 Metric Dr. #190, Dallas Texas 75243

(972) 272-5511 • Fax: (214) 503-8686

Texas Reg #2827

Date: _____

Email: _____

Dr. _____

Patient: _____ Male Female Age _____

01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16
32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17










PFM Hi-Noble Semi NP Metal Try In Bisque Try In

Lava / Zirconia EMAX Full Zirconia

Implants NP Hi-Noble Semi Veneers

Inlay / Onlay Ceramic Composite Gold

Yellow / White Full Cast Hi-Noble Semi NP Date Wanted _____

METAL DESIGN	Anterior Pontic Design (APD) Options	Posterior Pontic Design (PPD) Options
<input type="checkbox"/> FULL PORCELAIN NO METAL BAND		
<input type="checkbox"/> LINGUAL METAL BAND		
<input type="checkbox"/> NARROW METAL BAND ALL AROUND		
<input type="checkbox"/> PORCELAIN BUTT MARGIN (90) SHOULDER REQ.)		
<input type="checkbox"/>  METAL OCCLUSAL EXCLUDING BUCCAL CUSP	<input type="checkbox"/>	
<input type="checkbox"/>  METAL OCCLUSAL INCLUDING BUCCAL CUSP	<input type="checkbox"/>	<input type="checkbox"/>



SHADE:

OCCLUSAL STAIN

NONE LIGHT MEDIUM DARK

SPECIAL INSTRUCTION:

DENTIST'S SIGNATURE

LICENSE NO.