



# Denko Dental Laboratory, Inc.



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(234) 706 6975

Dr. \_\_\_\_\_

Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Address \_\_\_\_\_

Zip \_\_\_\_\_

Patient \_\_\_\_\_

Age \_\_\_\_\_


**Metal Restorations**

- PFM  FULL CAST  CAPTEK

**Type of Alloy**

- NON-PRECIOUS  SEMI-PRECIOUS  PRECIOUS White / Yellow

**All Ceramic Restorations**

- Full Contour Zirconia    Porcelain Fused to Zirconia

**Shade Instructions**

Vita-Lumin \_\_\_\_\_

Vita 3-D \_\_\_\_\_

Other \_\_\_\_\_

**Case Instructions**

- Metal Try-In  
 Bisque Bake  
 Finish

**DUE DATE**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Dr. License # \_\_\_\_\_

Signature \_\_\_\_\_

Please Send Additional:

Bags / Boxes

Rx Slips

Mailing Labels