



Type	U	Cast	Finish

4311 Research Way, Corvallis, OR 97333  
 tel: 541.754.1238 1.800.445.5941 fax: 541.754.7478  
 www.obriendentallab.com

Doctor \_\_\_\_\_ Date \_\_\_\_\_  
 (please print clearly)

Patient \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

Delivery Date \_\_\_\_\_

- |  |   |
|--|---|
| <input type="checkbox"/> Porcelain to Metal (please specify) | <input type="checkbox"/> Goldtech® Bio 2000 |
| <input type="checkbox"/> ZCore+®                             | <input type="checkbox"/> Full Cast Gold     |
| <input type="checkbox"/> IPS Empress®                        | <input type="checkbox"/> Cristobal+®        |
| <input type="checkbox"/> All Porcelain (crown or veneer)     |   |

Shade:



Photos included:  yes  no  emailed

Please describe the case: (use reverse if needed)

Doctor Signature

License Number