

# Oral Ceramics Dental Studio



490 Commerce Park Dr.  
Marietta, GA 30060  
678) 581-2780

Toll Free  
800) 873-0911

Fax  
678) 581-2712

Please do not schedule patient on return

Patient	Return
---------	--------

- |                                    |   |
|------------------------------------|---|
| <input type="checkbox"/> PFM       | <input type="checkbox"/> Procera/Zirconia           |
| <input type="checkbox"/> Cast      | <input type="checkbox"/> Solution Crown             |
| HN White <input type="checkbox"/>  | Empress <input type="checkbox"/>                    |
| HN Yellow <input type="checkbox"/> | E.max <input type="checkbox"/>                      |
| NP <input type="checkbox"/>        | Post <input type="checkbox"/>                       |
| Die Trim <input type="checkbox"/>  | Implant <input type="checkbox"/>                    |
| Try in <input type="checkbox"/>    | Type _____  |
| Finish <input type="checkbox"/>    | Size _____  |
|                                    | Surgeon's Letter Requested <input type="checkbox"/> |

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

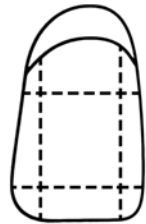
PO # \_\_\_\_\_

- |                        |   |
|------------------------|---|
| Premium Denture U / L  | Custom Tray <input type="checkbox"/>    |
| Standard Denture U / L | Bite Blocks <input type="checkbox"/>    |
|                        | Reline <input type="checkbox"/>         |
| Cast Partial U / L     | Rebase <input type="checkbox"/>         |
| Acrylic Partial U / L  | Repair <input type="checkbox"/>         |
| FRS U / L              | Surgical Stint <input type="checkbox"/> |

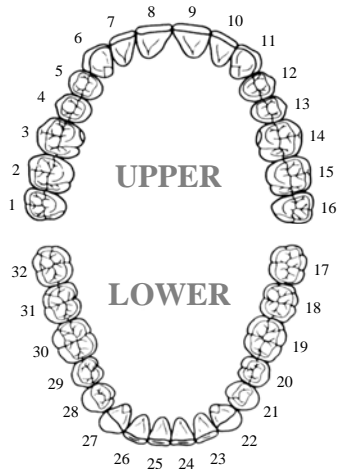
Tooth Mold \_\_\_\_\_

Acrylic Shade \_\_\_\_\_

- Night Guard
- Thermalfit
- Hard



Shade



CERTIFIED DENTAL  
LABORATORY

From Doctor \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ License \_\_\_\_\_

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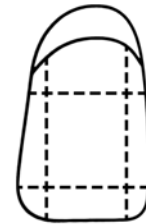
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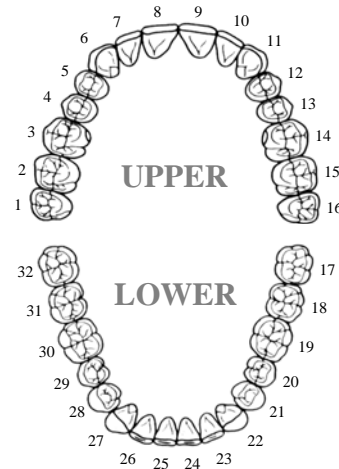
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