



# PRODONTIC Laboratories

(585) 279-0790

prodontic.com



PO# or ID# \_\_\_\_\_

Doctor \_\_\_\_\_ Date \_\_\_\_\_

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

◇ Try-in: ◇ Wax ◇ Metal ◇ Finish:

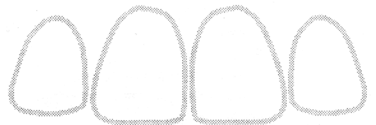
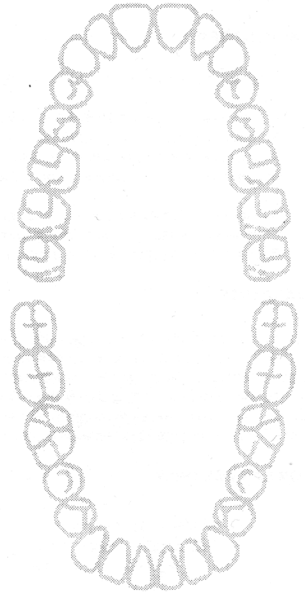
Shade \_\_\_\_\_

Alloy: ◇ High Noble ◇ Noble

Margin: ◇ Metal Collar ◇ Porcelain Margin  
◇ Porcelain-Metal

Return \_\_\_\_\_ ◇ by 12:00  
◇ by 5:00

# R<sub>x</sub>



Please call me to discuss this case

Dr.'s Signature \_\_\_\_\_ Lic. # \_\_\_\_\_