



TECHNIQUES DENTAL LAB, INC
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FINISH

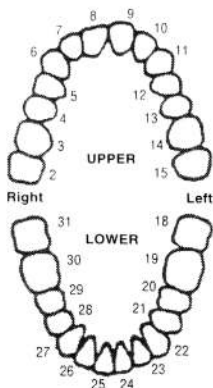
DATE: _____ HOUR: _____

WE NEED:

- PRESCRIPTION FORMS
 MAILING STICKERS MAILING BOXES

DATE: _____

PATIENT'S NAME: _____ SEX: _____ AGE: _____

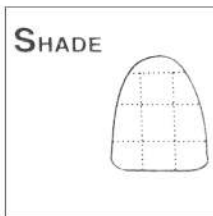


DESCRIPTION OF WORK:

ALL CERAMIC

- FZ (Full Zirconia)
 PFZ (Porc Fused Zirconia)
 FZ (Digital Impression/Model Less)
 email to: tdscannerfiles@gmail.com

- Emax All/Full Ceramic Crown Porc to Metal (Full Covered)
 Emax Layered All Ceramic Porc to Metal (Metal Occl)
 Emax Laminate Veneer Full Cast Crown
 Maryland Bridge (with Metal)



Custom Shade In Lab

PORCELAIN ALLOY: ALL CAST ALLOY:

- Semi-Precious Yellow Gold
 Non-Precious Semi-Precious
 NP Non-Precious

Pontic Design



Metal Frame Design

NO METAL SHOWING



CROWN #

R

DR: _____ LIC# _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____