

Date _____

Dr. _____

Hockel Dental Lab

(925) 935-8391

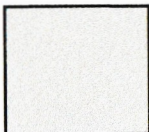
Pt. _____
 Male Female _____ Age

Pan # _____



Return Date _____

Pt. Appt. Date/Time _____



Shade _____

Prep Shade _____

Ingot or DWT _____

Instructions:

Margin:

- Porcelain Show no Metal
- Ceramo-Metal Metal
- _____ Sm. Metal Ling.

E.max # _____

Lava # _____

Full Gold # _____

PFM # _____

FCZ # _____

Porcelain Occlusal Metal Occlusal

Implant Custom Abutment

Items enclosed:

- Impressions _____
- Opposing _____
- Photos
- Bite reg.
- Pre-Op. Model
- Temp Model
- _____ Other

Please specify PFM Alloy type desired:

- High Noble White Gold (default)
- High Noble Yellow Gold
- Noble (Semi-Precious)

Thank You!

Signature & License # _____

2651 Oak Grove Rd., Walnut Creek, CA. 94598