Case #: **Today's Date:** DD/MM/YY

Dr._____ Phone_____

Deliver to:_____

Patient First Name: | | | | | | | | | | | | |

Last Name: | | | | | | | | | | | | |

Age:_____Sex:_____

Return Date: DD/MM/YY ____**am** ____**pm**

Please check the chart for the return date

Shade_____Stump Shade_____

BUTT MARGIN ☐YES ☐NO

Saba Dental Lab

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HAVE YOU INCLUDED THE FOLLOWING?

- ○ Impression
- ○ Bite
- ○ Opposing
- ○ Shade
- ○ Pre-op Model
- ○ Photos
- ○ Model of Temps
- ○ Bite Stick
- ○ Face Bow

OCCLUSAL CLEARANCE

- ☐ Positive Contact
- ☐ _*Foil Relief
- ☐ Out of Occlusion

OCCLUSAL STAIN

- ☐ non ☐ light
- ☐*medium ☐ dark

EMBRASURE

- ☐ *Natural
- ☐ Close
- ☐ Open

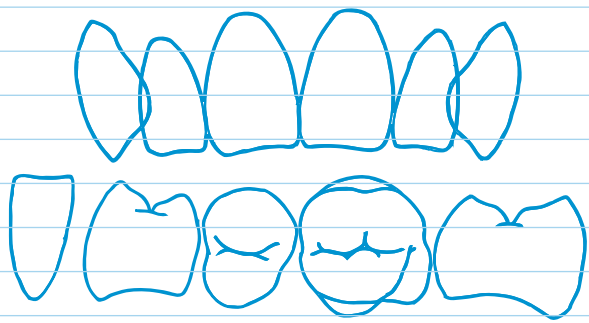
PONTIC TISSUE RELIEF

- ○ yes
- ○ no

__mm deep

	*HARMONY	CONE	HYGENIC	SADDLE	RIDGE LAP	DENTIST'S DESIGN
PONTIC DESIGN	☐	☐	☐	☐	☐	☐
METAL DESIGN	☐	☐*	☐	☐	☐	☐

Rx



SIGNATURE: _____

PLEASE SEND ❍ Prescription Forms ❍ Plastic Bags

FOR OFFICE USE ONLY

Check 1 am pm ☐ Check 2 am pm ☐ **Porcelain** ☐ **Solder** ☐ **Metal** ☐ **Weight** ☐ gr.

DUE

Start am pm ☐ Model am pm ☐ Wax am pm ☐ Metal am pm ☐ Porcelin am pm ☐ Polish am pm ☐

CASE