

Rocky Mountain Dental Lab

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<input type="checkbox"/> PF High Noble	<input type="checkbox"/> All Gold
<input type="checkbox"/> CAD/CAM (YZ)	<input type="checkbox"/> CAD/CAM (Aluminum Oxide)
<input type="checkbox"/> CAD/CAM (Zirconium Oxide)	<input type="checkbox"/> CAD/CAM (Spinell)
<input type="checkbox"/> Diagnostic Wax/Up	<input type="checkbox"/> CAD/CAM Inlay/Onlay
<input type="checkbox"/> Feldspathic Veneers	<input type="checkbox"/> Feldspathic Crown/Jacket

OCCLUSAL STAINING ___None ___Light ___Medium ___Heavy

PONTIC DESIGN ___Ovate ___Ridge Lap CONTACTS ___Broad ___Narrow

OCCLUSION ___Tight ___ .30mm Out ___ .50mm Out ___ >.50mm Out

LINGUAL COLLAR DESIGN ___Full Lingual Collar ___Lingual Distal Clip

COMMENTS & INSTRUCTIONS:

**PLEASE COMPLETE ALL
SHADED AREAS. THANK YOU.**

DR. NAME: _____

PATIENT NAME: _____

DUE DATE: _____

MALE ___ FEMALE ___ AGE ___

SHADE _____

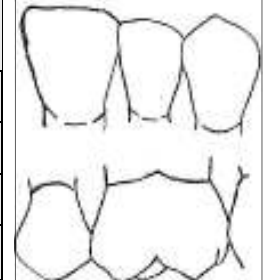
ITEMS SENT WITH CASE Please ✓

Impression

Bite Registration

Models

Other (Photos, etc.)



DENTIST'S SIGNATURE

X _____

LICENSE # _____

INTERNAL USE ONLY

PAN # _____

BILLING DATE _____

INVOICE No. _____

SHIP DATE _____

**LABORATORY
HOURS**

**Mon-Thurs:
7:00am-4:00pm MST**

**Fridays:
Occasionally**

**Sat, Sun & Holidays:
Closed**