

Patient or Case #	Make of Teeth	Shade
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License # 242

Date

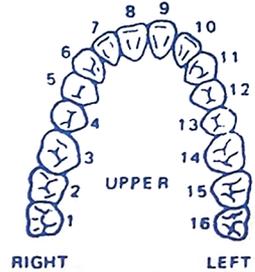
WORK AUTHORIZATION

Description of Work

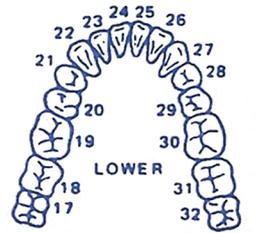
Materials

Instructions

- EMAX
- EMAX Full Contour
- Zirconia
- Zirconia with Emay
- Zirconbia Imagine
- PFM
- Night Guard
- Lower
- Upper



RIGHT LEFT



LEFT RIGHT

TRYIN _____ INLAY _____ CAST PARTIAL _____
 FINISH _____ CROWN _____ WROUGHT _____
 REPAIR _____ BRIDGE _____ OTHER _____
 BITE-TRAYS _____ RELINE _____ FULL PARTIAL

USE BACK FOR FURTHER INSTRUTION

LICENSE NUMBER

Signature _____ Return On _____

Address _____

City _____ State _____