BEAR CREEK

DENTAL LABORATORY, INC.
8755 NC HWY 902
Siler City, N.C. 27344
(919) 353-2829

Office/Practice Name: ______________________

Dr. First Name: ______________

Dr. Last Name: ______________

Address: ______________________

City/State/Zip: ______________________

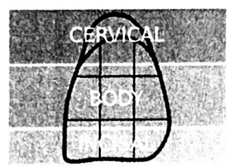
Phone: __________ Email: ______________________

Patient First Name: __________ Patient Last Name: __________

Due Date: __________ Delivery by 5pm on this day unless specified here

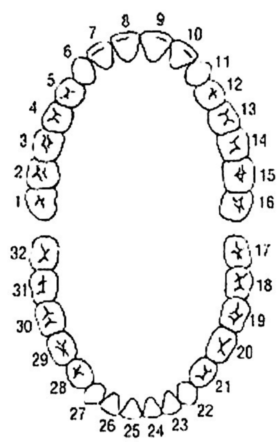
RX Date: __________ Todays Date

Fixed



Type of restoration: Tooth #: ________ Shade: ______

- ☐ Full Zirconia Crown
- ☐ Layered Zirconia Crown
- ☐ Lithium Disilicate Crown, Veneer, In-lay/On-lay
- ☐ Layered Lithium Disilicate Crown
- ☐ Diagnostic Wax Up
- ☐ PMMA Provisional
- ☐ PFM Crown
  - ☐ High Noble ☐ Noble ☐ Base
- ☐ Full Cast Crown
  - ☐ High Noble (white or yellow) ☐ Noble (white or yellow) ☐ Base (silver)
- ☐ Other: ______________________



Custom Abutments: ☐ Screw retained

- ☐ Titanium
- ☐ Zirconia
- ☐ Vendor Specific (please specify) __________

Preferences/Clearance:

- ☐ Reduce Prep and send reduction coping
- ☐ Reduce Opposing and mark model
- ☐ Call for any adjustments
- ☐ Save my prefs and do not call

Included:

- ☐ Impression
- ☐ Bite
- ☐ Model
- ☐ Photos ([redacted])

Other: __________

Additional Instructions:

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Additional Instructions:

____

Dr. Signature: ______________________ License #: __________