

QUALITY CROWN & BRIDGE STUDIO, INC.
A Full Service Laboratory

2651 Libal Street
 Green Bay, Wisconsin 54301
 (920) 432-1973 Fax (920) 432-8332
1-800-232-5367

Date Shipped by Doctor _____

Patient Name _____

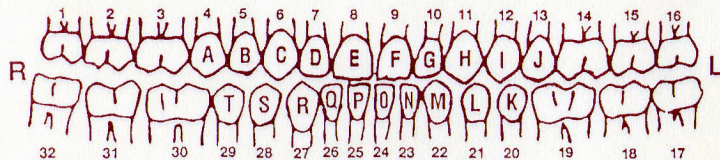
Return Date _____ Time of Insertion: _____

Telephone (_____) _____

Doctor _____

Address _____

License No. and State _____



CASE TYPE: F/ /F P/ /P

- | | | |
|--|--|---------------------------------|
| <input type="checkbox"/> Custom Tray | <input type="checkbox"/> Setup/tryin | <input type="checkbox"/> Reline |
| <input type="checkbox"/> Bite Rim | <input type="checkbox"/> Finish | <input type="checkbox"/> Rebase |
| <input type="checkbox"/> Baseplate w/Rim | <input type="checkbox"/> Treatment Partial | <input type="checkbox"/> Repair |
| <input type="checkbox"/> Frame | | |

TEETH:

- | | |
|-----------------------------------|--------------------------------|
| <input type="checkbox"/> Dentsply | <input type="checkbox"/> Image |
| <input type="checkbox"/> Ivoclar | <input type="checkbox"/> Vita |

FACIAL CHARACTERISTICS

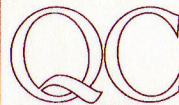
- | | |
|--|---------------------------------|
| <input type="checkbox"/> Square Tapering | <input type="checkbox"/> Square |
| <input type="checkbox"/> Tapering | <input type="checkbox"/> Ovoid |

SHADE: Ant _____ Post _____

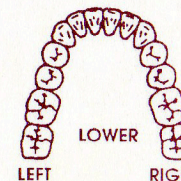
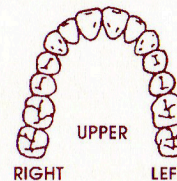
MOULD: Ant _____ Post _____

BASE MATERIALS:

- | | | |
|---------------------------------------|--------------------------------|------------------------------------|
| <input type="checkbox"/> Lucitone 199 | <input type="checkbox"/> Image | <input type="checkbox"/> Ethnic Lt |
|---------------------------------------|--------------------------------|------------------------------------|



LET OUR WORK REFLECT YOURS
 Est 1969



PARTIAL DESIGN:

MAJOR CONNECTOR:

- | | | | |
|---------------|--------------------------|---------------|--------------------------|
| Horseshoe | <input type="checkbox"/> | Lingual Bar | <input type="checkbox"/> |
| Palatal Strap | <input type="checkbox"/> | Lingual Plate | <input type="checkbox"/> |
| Circular Bar | <input type="checkbox"/> | Cast Palate | <input type="checkbox"/> |

CLASPING:

- | | |
|-------|--------------------------|
| Roach | <input type="checkbox"/> |
| RPI | <input type="checkbox"/> |
| Akers | <input type="checkbox"/> |

ALLOY: Vitallium 2000 Plus Gold Other

PLEASE CALL REGARDING THIS CASE

INSTRUCTIONS:

Signature: _____