precision
dental designs

907.274.1648 • fax: 907.274.4841
1320 Huffman Park Dr., Suite 190
Anchorage, AK 99515
precisiondentalak.com

Please Print

Dr. _____ Phone _____

City _____ State _____ Zip _____

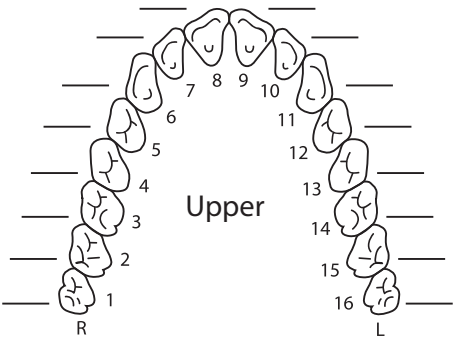
Date _____ Finish Date _____

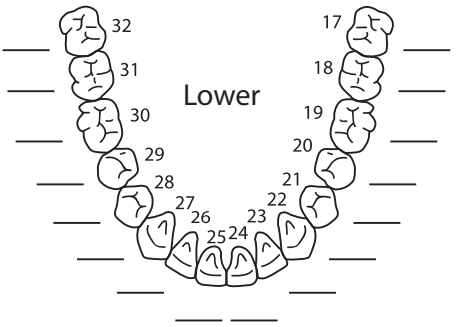
Patient Name _____ Shade _____

Age _____ Sex _____ Special Features _____

Occlusals - ☐ metal ☐ porcelain

Margin - ☐ metal ☐ porcelain ☐ 1/2 ☐ 3/4 ☐ 1mm





Specific Instructions

Signature: _____ Lic.# _____

I verify that a signed prescription from a licensed dentist is on file for the resoration.