precision
dental designs

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precisiondentalak.com

**Please Print**

Dr. _____ Phone _____

City _____ State _____ Zip _____

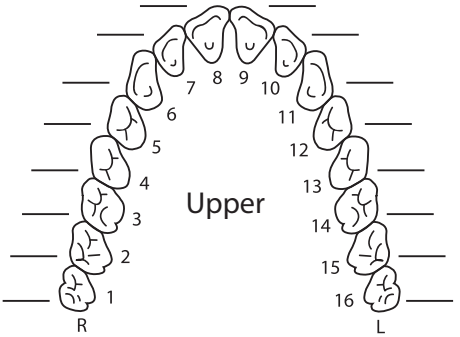
Date _____ Finish Date _____

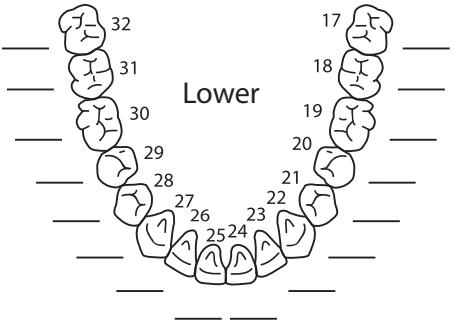
Patient Name _____ Shade _____

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.