



Confident

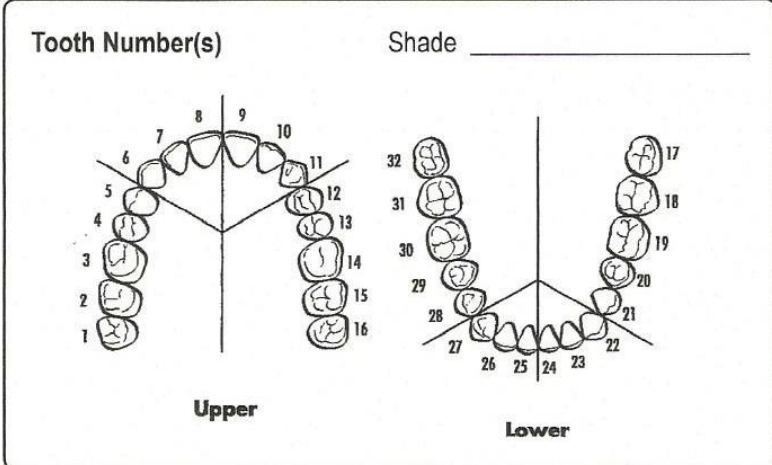
BIOMIMETIC DENTAL LAB

28 South 1100 East, Suite D
 American Fork, UT 84003
 Scheduling 801-472-4395
 Lab/Technical Questions 801-472-4486

Due Date _____ Seat Date _____

Patient Name _____
 Age: _____ Sex: (circle one) M F
 Dentist Name _____
 Practice Name _____
 Address _____
 Practice Phone _____ Practice email _____

- Other Items Included**
- Photos
 - Models
 - Bite Registration
 - Shade Guide
 - Old Crown
 - Articulator
 - Impression
 - Other _____



Restoration Type	Crown	Bridge	Inlay-Onlay	Veneer	Metal Type (if any)
<input type="checkbox"/> Porcelain Fused To Metal	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> High Noble
<input type="checkbox"/> Full Cast Gold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Semi Precious
<input type="checkbox"/> Estenia Porcelain Hybrid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Implant <input type="checkbox"/>
<input type="checkbox"/> Zirconia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bridge Frame Work
<input type="checkbox"/> Feldspathic Porcelain	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Zirconia
<input type="checkbox"/> E. Max Pressed (for cemented)	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Metal
<input type="checkbox"/> Noritake Pressed (for Bonded)	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

Special Instructions (Please indicate if patient has Temporaries in place.)
