

WORK ORDER NUMBER \_\_\_\_\_ DATE \_\_\_\_\_

DR. \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PATIENT'S NAME \_\_\_\_\_

SHADE \_\_\_\_\_ TOOTH NO. \_\_\_\_\_ AGE \_\_\_\_\_

DATE WANTED: TRY-IN \_\_\_\_\_ AM / PM FINISH \_\_\_\_\_



# ELITE DENTAL STUDIO



11136-B Rockville Pike  
Rockville, Maryland 20852  
Tel. (240) 505-0578

### PONTIC DESIGN



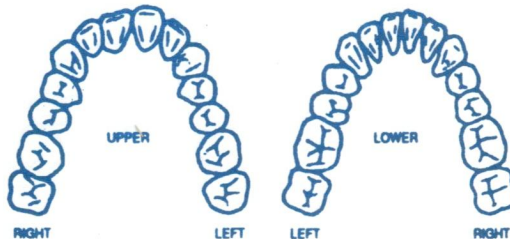
Occlusal Staining:  Light  Medium  Dark  None  
 Standard unless otherwise specified.

SPECIFIC INSTRUCTIONS

### SHADE INSTRUCTIONS



### DESIGN CASE HERE



DENTIST'S LICENSE NUMBER / SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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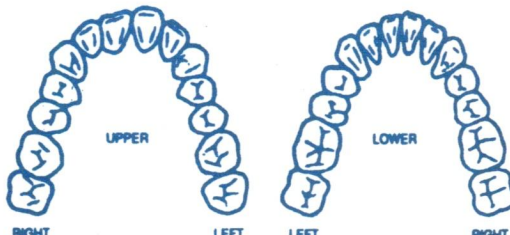
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