



237 Jackson Meadows Drive - Hermitage, TN 37076
 p. 615-889-4949 f. 615-889-1953
www.hermitagedentallab.com

PLEASE PRINT

Today's Date _____

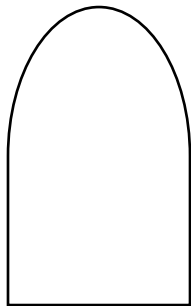
Doctor _____

PATIENT'S NAME OR IDENTIFICATION NO. _____ SEX _____

LAB DELIVERY DATE _____ AGE _____
 (Case will be delivered by 6pm on this day.)

Please Do Not Count Saturdays, Sundays, Holidays or Days in Transit as Work Days.

SHADE _____



Shade Blend

PFM NP	
PFM NOBLE	
PFM HIGH NOBLE	
LAYERED ZIRCONIA	
LAYERED EMAX	
FULL CONTOUR EMAX	
ZXT FULL ZIRCONIA	
FULL CAST	

LICENSE NUMBER _____ DATE _____

PERSONAL SIGNATURE OF DENTIST