

1-800-392-7007  
IN U.S.A.



# CHOATE CERAMIC LAB

TEL. 936-539-1858  
CONROE

P.O. BOX 1890  
CONROE, TEXAS 77305-1890  
STATE LICENSE #311

DATE \_\_\_\_\_

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

PATIENT \_\_\_\_\_

APPOINTMENT DATE \_\_\_\_\_

### IMPLANT

Custom Abutment

Zirconia

Titanium

### SCREW RETAINED

Yes  No



### CAST CROWN

High Nobel (Gold Hue)

Nobel (Rosy Yellow)

Nobel (Silver Palladium)

### PORCELAIN METAL

High Nobel

Nobel

Base

### OTHER

Emax

Full Contour Zirconia

Layered Zirconia

### ITEMS SENT TO LAB:

IMPRESSION

WORKING MODEL

OPPOSING MODEL

STUDY MODEL

BITE

CROWN WITH CASE

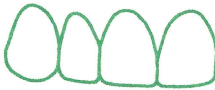
SHADE GUIDE

PHOTO

ARTIC. # \_\_\_\_\_

INDICATE CHARACTERIZATION IF ANY

SHADE: \_\_\_\_\_



OCCL STAIN:

NONE

LIGHT

MEDIUM

DARK

STUMP  
SHADE: \_\_\_\_\_



### BUCCAL MARGIN DESIGN

METAL-PORCELAIN  
JUNCTION MARGIN

PORCELAIN BUTT MARGIN

### IF INSUFFICIENT OCCLUSAL CLEARANCE

METAL OCCLUSAL

REDUCTION COPING

REDUCE OPPOSING

TOOTH NUMBER: \_\_\_\_\_

INSTRUCTIONS: \_\_\_\_\_

\_\_\_\_\_

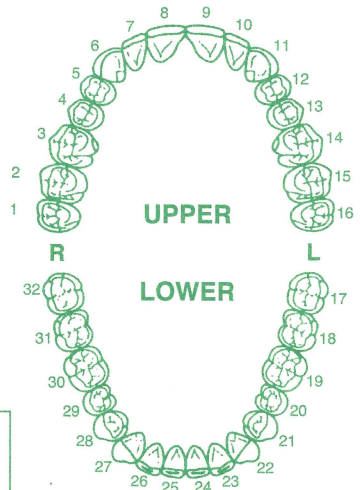
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\_\_\_\_\_

CALL DOCTOR  \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

LICENSE #: \_\_\_\_\_



Payment is due by the 10th of the month after receipt of statement. Past due balance will accrue interest at the rate of 1.5% per month. All payments due under this agreement are due at the address above and any dispute shall be resolved by a court of competent jurisdiction in Montgomery County, Texas. In the event of a dispute, you agree to pay reasonable attorney's fees and cost incurred by us. You further agree that your signature constitutes your acceptance and personal responsibility to the terms and conditions contained herein.