



HARRISON DENTAL STUDIO, INC.
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CASE NO.

**(Full Service
 Laboratory)**

Dr. _____ Date Sent _____
 _____ Finish Date _____
 _____ Finish Time _____

Patient _____ Received _____

Email Photos to: photos@harrisondentalstudio.com

Partial/Denture _____	Misc. _____
Tray _____	Models _____
Crowns _____	Bite _____

Tooth # _____
 Shade _____ Stump Shade _____

METAL FREE

- e.max - Press
- e.max - Layered Ceramics
- Veneer
- ArtisanZ HT (High Translucent Zirconia)
- ArtisanZ HS (High Strength Zirconia)
- Zirconia - Layered

PFM

- Noble White
- High Noble White
- High Noble Yellow

FULL CAST

- High Noble Yellow
- Noble Yellow
- Noble White

MARGIN DESIGN

- No Metal Showing
- Lingual Collar
- Buccal Metal Band
- Porcelain Butt Margin

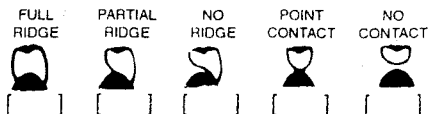
D.D.S. _____

LIC NO. _____

Please send the following:

- Mailing Boxes
- RX Order Forms
- Shipping Labels

Pontic Design



FM4-RX-005-00