



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 | PFM | FULL CAST | MARGIN DESIGN |
|--|--|--|--|
| <input type="checkbox"/> e.max - Press | <input type="checkbox"/> Noble White | <input type="checkbox"/> High Noble Yellow | <input type="checkbox"/> No Metal Showing |
| <input type="checkbox"/> e.max - Layered Ceramics | <input type="checkbox"/> High Noble White | <input type="checkbox"/> Noble Yellow | <input type="checkbox"/> Lingual Collar |
| <input type="checkbox"/> Veneer | <input type="checkbox"/> High Noble Yellow | <input type="checkbox"/> Noble White | <input type="checkbox"/> Buccal Metal Band |
| <input type="checkbox"/> ArtisanZ HT (High Translucent Zirconia) | | | <input type="checkbox"/> Porcelain Butt Margin |
| <input type="checkbox"/> ArtisanZ HS (High Strength Zirconia) | | | |
| <input type="checkbox"/> Zirconia - Layered | | | |

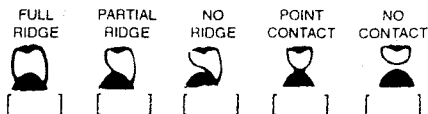
D.D.S. _____

LIC NO. _____

Please send the following:

- Mailing Boxes
 RX Order Forms
 Shipping Labels

Pontic Design



FM4-RX-005-00