

PORT CITY DENTAL, INC.

85 HALL ROAD
P.O. BOX 736
WINDHAM, MAINE 04062
(207) 892-2386

Lab Use

Today's Date
/ /

Dr.

Patient Name _____
 Male Female Age _____

RETURN CASE ON
Date _____ AM PM
Time _____

CROWN & BRIDGE (Please ✓)

New Case Existing Case Adjustment Remake

PORCELAIN TO METAL
 Semi-Precious High Noble Yellow
 Non-Precious High Noble White

Finish Biscuit Bake Single Castings
 Castings To Be Splinted Frames

ALL METAL
 Yellow Gold Semi-Precious Non-Precious

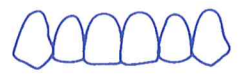
PONTIC DESIGN

Full Ridge Partial Ridge No Ridge Point Contact No Contact

REMOVABLE BUTTONS Yes No

Veneer Empress
 Inlay/Onlay Crowns
 Porcelain Veneer Bridges

SHADE SELECTION



Shade _____

BUCCAL COLLAR DESIGN

No Metal To Show Slight Metal Collar Full Metal Collar
 Butt Porcelain Shoulder

INSTRUCTIONS (Please Print Clearly)

Signature _____ License# _____

A finance charge will be applied to ALL PAST DUE BALANCES

CALL ME. I would like to speak with _____

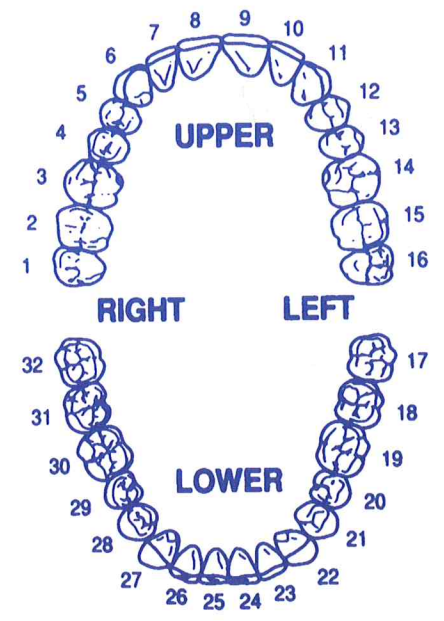
PARTIAL & DENTURE (Please ✓)

CASE TYPE	CASE DESIGN	PROCEDURES
<input type="checkbox"/> Full Upper	<input type="checkbox"/> Conventional Clasp Partial	<input type="checkbox"/> Tray
<input type="checkbox"/> Full Lower	<input type="checkbox"/> Night Guard	<input type="checkbox"/> Bite
<input type="checkbox"/> Partial Upper	<input type="checkbox"/> Bleaching Tray	<input type="checkbox"/> Frame
<input type="checkbox"/> Partial Lower	<input type="checkbox"/> Saddle Lock	<input type="checkbox"/> Set Up
<input type="checkbox"/> Immediate	<input type="checkbox"/> Spare Denture	<input type="checkbox"/> Frame & Bite
	<input type="checkbox"/> All Acrylic Partial/Flipper	<input type="checkbox"/> Reset
		<input type="checkbox"/> Frame & Set Up
		<input type="checkbox"/> Finish
		<input type="checkbox"/> Reline
		<input type="checkbox"/> Repair

TEETH SELECTION

Shade _____
 Acrylic Porcelain Special Order

INSTRUCTIONS (Please Print Clearly)



Thank You!