



# STAR DENTAL LABORATORY

900 Old Orchard Lane, Suite B, Bristol, PA 19007  
 Tel : (267) 988-4444 Fax : (267) 988-4439



Doctor \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

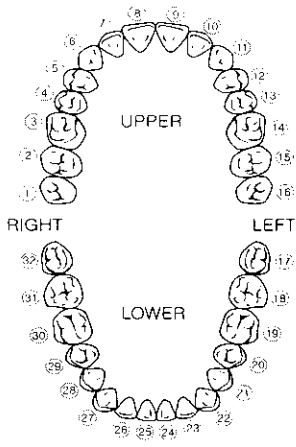
Patient's Name \_\_\_\_\_

Shade \_\_\_\_\_ Age \_\_\_\_\_ Male  Female

| TIME WANTED | Mon | Tue | Wed | Thu | Fri |
|-------------|-----|-----|-----|-----|-----|
|             |     |     |     |     |     |

| Crown  |   | Bite Block               | Cust. Tray               | 1st Try-in               | 2nd Try-in               | Finish                   |
|--|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> Single  | <input type="checkbox"/> Bridge   |                          |                          |                          |                          |                          |
| <br><input type="checkbox"/> | <br><input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/>   | <input type="checkbox"/>  | <b>ACRYLIC</b>           | <b>ACRYFREE</b>          | <b>CLEAR</b>             | <b>METAL</b>             | <b>VALPLAST</b>          |

PFM :  NP  Semi-Precious  Screw Retained  
 METAL FREE :  Full Zirconia  Zirconia Layered  E.Max  Cement Retained

|   |                                      |
|---|--------------------------------------|
| <p><b>DESIGN CASE</b></p>  | <p><b>SPECIAL INSTRUCTIONS :</b></p> |
|---|--------------------------------------|

Dr. Signature \_\_\_\_\_ Lic. No. \_\_\_\_\_

ACT 120 REQUIRES THAT YOU WRITE PRESCRIPTION FOR EACH CASE AND RETAIN DUPLICATE IN YOUR OFFICE

*To serve you better, all spaces have to be filled in*