



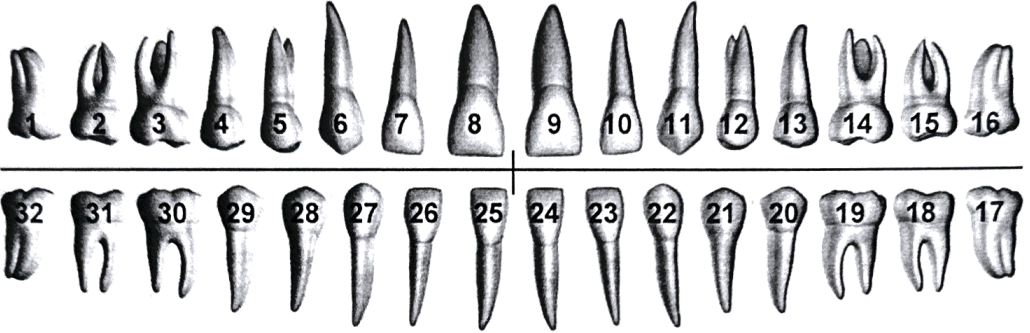
11066 5th Ave NE Ste 101
 Seattle, WA 98125
 Phone: 206.367.0600
 Email: shamadentallab@hotmail.com

Lab Use Only

Doctor: _____ Due Date: _____

Patient: _____ Age: _____ F M

Tooth Number(s): _____ Shade: _____



Crown Material:

- Gold
- E.max
- Solid Zirconia
- Translucent Zirconia
- Layered Zirconia

Specific Instructions:

Prepared Date: _____ Please call before proceeding
 Dr's Signature: _____ License#: _____