



2242 Carver Court
 Simi Valley CA 93063
 805.864.9233 Office/Fax
 805.624.0420 Cell
 vividceramicslab@gmail.com

Due Date: _____

Doctor's Name _____

Address _____

Phone _____

Patient's Name _____

Circle M / F

Age _____

Shade: _____

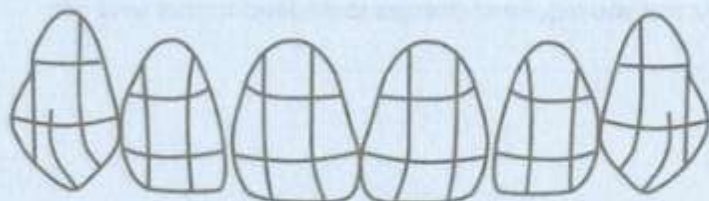
Stump: _____

Please Send

More Lab Slips

Boxes

- | | |
|--|---|
| ☐ Zirconia Layered | ☐ Emax® Veneers |
| ☐ Solid Zirconia | ☐ Emax® Layered |
| ☐ Composite Inlay/Onlays | ☐ Emax® Crowns |
| ☐ Composite Encore Bridge | ☐ Emax® Inlay/Onlays |



Occlusal Staining

- | | |
|---------------------------------|--------------------------------|
| ☐ None | ☐ Light |
| ☐ Medium | ☐ Dark |

Surface Texture

- | | |
|---------------------------------|-----------------------------------|
| ☐ Smooth | ☐ Moderate |
| ☐ Heavy | |

Incisal Translucency

- | | |
|--|---|
| ☐ Minimum .5mm | ☐ Moderate 1.0mm |
| ☐ Maximum 1.5mm | |



OVATE



FULL
LAP



BUCCAL
LAP



SANITARY
CONTACT



SANITARY
SPACED

By signing below I acknowledge that this form represents an Agreement between parties. This Agreement is subject to terms and conditions on the reverse and each terms and conditions are part of this Agreement.

INSTRUCTIONS:

Dentist's Signature (required)

Dentist's Licence #

Date