S&L
Dental Lab Inc.
www.sldentallab.com

Office: 978-453-3721
Fax: 978-455-5635
635 Rogers St., Suites 5, 6, & 7
Lowell, MA 01852
sldentallab@gmail.com

FROM _____ DATE _____

DR. _____

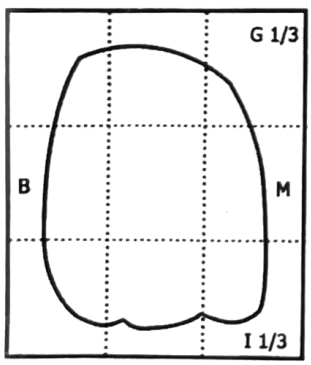
ADDRESS _____

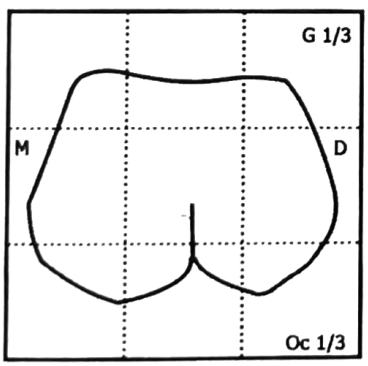
CITY _____ STATE _____ ZIP _____

PATIENT'S NAME _____

DATE WANTED: TRY-IN _____ FINISH _____

CROWNS & BRIDGES
CUSTOM SHADING





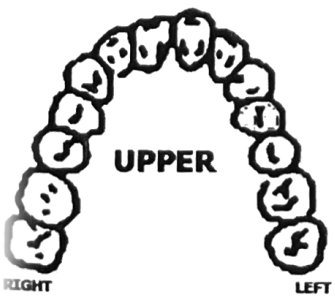
PORCELAIN FUSED TO METAL

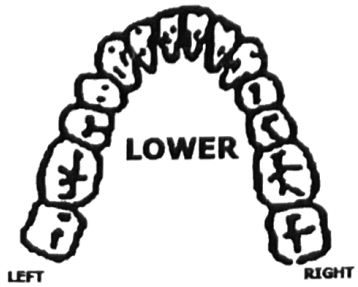
- ☐ PORC. FUSED TO NON-PRECIOUS
- ☐ PORC. FUSED TO SEMI-PRECIOUS
- ☐ PORC. FUSED TO WHITE GOLD
- ☐ PORC. FUSED TO YELLOW GOLD

DENTURES & PARTIALS

	ANTERIOR		POSTERIOR	
UPPER	SHADE	MOULD	SHADE	MOULD
LOWER	SHADE	MOULD	SHADE	MOULD

DENTURES & PARTIALS
DESIGN CASE HERE





INSTRUCTIONS:

PERSONAL SIGNATURE OF DENTIST _____ LIC # _____