



WATSON DENTAL LABORATORY

Full Service Dental Lab
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 Texas Reg. #2207

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|-------------------------------------|---|--|--|--|--|
| Doctor Name: | | Patient (Last Name, First Name): | | | |
| Dental Office Name/Location: | | Account #: | | | |
| | | Due Date: _____ / _____ / _____ <small>Month Day Year</small> | | | |
| Crown & Bridge | Tooth #: | Type of Restoration <input type="checkbox"/> Layered Zirconia (Cercor) <input type="checkbox"/> Solid Zirconia (Brux) <input type="checkbox"/> e.max <input type="checkbox"/> Captex <input type="checkbox"/> PFM <input type="checkbox"/> Full Cast Crown Metal Type <input type="checkbox"/> Non-precious <input type="checkbox"/> Yellow High Noble <input type="checkbox"/> Noble <input type="checkbox"/> White High Noble | | Margin Design <input type="checkbox"/> Show No Metal 360° <input type="checkbox"/> All Porcelain Shoulder 360° <input type="checkbox"/> Metal Collar 360° <input type="checkbox"/> Facial Porcelain Shoulder 180° <input type="checkbox"/> Lingual Metal Collar (Traditional) <input type="checkbox"/> Metal Occlusal <input type="checkbox"/> Metal Lingual | |
| | Shade: | | | Try-In <input type="checkbox"/> Metal Coping <input type="checkbox"/> Bisque | |
| Tooth Shade | | Gingival Shade | Try-In <input type="checkbox"/> Wax Rim <input type="checkbox"/> Teeth in Wax <input type="checkbox"/> Finish | <input type="checkbox"/> Framework <input type="checkbox"/> Teeth <input type="checkbox"/> Premium <input type="checkbox"/> Economy | |
| | | <input type="checkbox"/> Acrylic Material <input type="checkbox"/> Lucitone 199 <input type="checkbox"/> Valplast <input type="checkbox"/> FRS <input type="checkbox"/> Hypoallergenic | | | |
| Removable | | | | | |
| | UPPER RIGHT LEFT LOWER | | | | |
| Doctor Signature: | | | Q.C. | | |
| Date: | | License #: | | | |
| <small>Lab Use Only</small> | | | | | |