



WATSON DENTAL LABORATORY

Full Service Dental Lab
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 Texas Reg. #2207

Doctor Name:		Patient (Last Name, First Name):			
Dental Office Name/Location:		Account #:			
		Due Date: /		By 5:00 p.m. *Standard working time if no due date given. (If shorter than std working time, rsuh fees will apply.)	
		Month	Day		
Crown & Bridge	Tooth #:	Type of Restoration:		Margin Design:	
	Shade:	<input type="checkbox"/> Solid Zirconia (Brux) <input type="checkbox"/> Anterior High Trans. Solid Zirconia <input type="checkbox"/> Layered Zirconia <input type="checkbox"/> e.max <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			
				<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/ Zirconia Occlusal <input type="checkbox"/> Metal/ Zirconia Lingual Try-In: <input type="checkbox"/> Metal Coping <input type="checkbox"/> Bisque	
Tooth Shade:		Gingival Shade:	Try-In:	Acrylic Material:	
			<input type="checkbox"/> Wax Rim <input type="checkbox"/> Teeth in Wax <input type="checkbox"/> Finish	<input type="checkbox"/> Lucitone 199 <input type="checkbox"/> Valplast <input type="checkbox"/> TCS <input type="checkbox"/> Hypoallergenic	
		Framework	Teeth:		
		<input type="checkbox"/>	<input type="checkbox"/> Premium <input type="checkbox"/> Economy		
Removable					
Doctor Signature:			Q.C.		
Date:		License #:			
Lab Use Only					