



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:		Due Date:		By 5:00 p.m. *Standard working time if no due date given. (If shorter than std working time, rush fees will apply.)		
		Month /	Day			
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 Teeth <input type="checkbox"/> Premium <input type="checkbox"/> Economy	Acrylic Material <input type="checkbox"/> Lucitone 199 <input type="checkbox"/> Valplast <input type="checkbox"/> FRS <input type="checkbox"/> Hypoallergenic	
Removable						
	Doctor Signature:				Q.C.	
Date:		License #:				
Lab Use Only						