

K & M Dental Lab

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Lab Use Only

Pan #

Doctor: _____

Patient: _____

Prep Date: _____ Due Date (by 5 p.m.): _____

Appointment Date: _____ Time: _____

Tooth #(s) _____

CERAMIC

- Zirconia High Trans*
- Zirconia Standard
 - Layered Facial
- E. Max*
- PFM

FULL CAST

- High Noble
- Semi-Precious

*Not to exceed individual posterior crowns
or anterior bridges more than 3 units.

Shade _____

Stamp Shade _____

FOR ALL WORK INVOLVING NON-METAL



Please check all items enclosed:

- ___ Impression
- ___ Opposing Model
- ___ Study Model
- ___ Bite Registration
- ___ Partial
- ___ Attachment
- ___ Analog/Abutment
- ___ Implant Tool
- ___ Articulator
- ___ Shade Tab
- ___ Picture
- ___ Old Crown

PONTIC DESIGN



ADDITIONAL INSTRUCTIONS

Signature: _____ License No. _____

PLEASE SEND A STUDY MODEL
For All Work Involving Anterior Teeth

WHITE - LAB COPY

YELLOW - DOCTOR COPY
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