OSCA DENTAL LAB

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7561 Commonwealth Ave. Buena Park, CA 90621

DR. ______________________________ Phone # ( ) ____________
PLEASE PRINT CLEARLY

Address ____

Patient ______________________________ Sex : ☐M ☐F Age:________

DILIVERY DATE :
_____/_____/_____

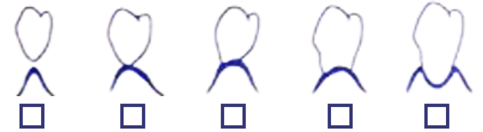
CONTACT:	T ☐	M ☐	L ☐	OCC.BITE:	T ☐	M ☐	L ☐	OCC.STAIN:	YES ☐	NO ☐

- ☐ Porc. to Non - Precious
- ☐ Porc. to Semi - Precious
- ☐ Porc. to White Gold
- ☐ Porc. to Rich Yellow Gold 90%
- ☐ Porc. to Yellow Gold 75%

- ☐ Full Gold Crown
- ☐ Full Metal Crown

- ☐ E-Max
- ☐ BruxZir
- ☐ Zirconia
- ☐ Lava
- ☐ Veneer
- ☐ Inlay/ Onlay
  Composit

Pontic Design



☐ ☐ ☐ ☐ ☐

- ○ ¾ Metal Lingual
- ○ All Porcelain Coverage
- ○ Standard
- ○ Metal Occlusal excluding buccal Cusp
- ○ Metal Occlusal including buccal Cusp

If No Occlusal Clearance

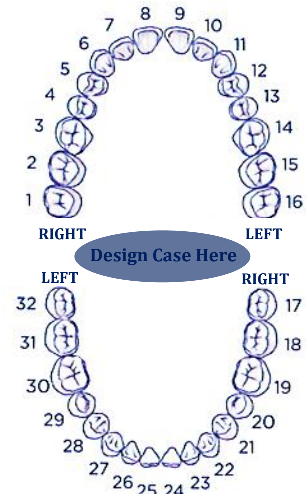
- ☐ Metal Occlusal
- ☐ Reduction Coping
- ☐ Spot Opposing
- ☐ Call Doctor

Buccal Margin Design

- ☐ Porcelain Butt Margin
- ☐ 360º Matel Margin
- ☐ Hairline or ________ mm

SPECIFIC INSTRUCTION

SHAPE



Date: ____________________________

Dr's Signature: ____________________________