IPRO DENTAL™
LABORATORY NETWORK
A RITE SMILE COMPANY

TODAY'S DATE:_____ **DUE DATE:** _____

DR/OFFICE NAME:_____

PATIENT'S NAME:_____

FINAL SHADE

PREFERENCES:

Rx

CONTACT: LIGHT ◯ MEDIUM ◯ HEAVY ◯

TRANSLUCENCY: LIGHT ◯ MEDIUM ◯ HEAVY ◯

OCCLUSAL STAINS: LIGHT ◯ MEDIUM ◯ HEAVY ◯

MARGINS: STANDARD ◯ METAL ◯ PORCELAIN ◯ DISAPPEARING ◯

IF NOT ENOUGH OCCLUSAL CLEARANCE:

NOYIFY DOCTOR ◯ ADJUST TOOTH & MAKE REDUCTION COPING ◯

MAKE METAL OCCLUSION ◯ ADJUST OPPOSING & MARK ◯

FOR BETTER RESULTS:

Take & Submit Photos to
info@iprodentallab.com

SINGLE ☐ BRIDGE ☐ MALE ☐ FEMALE ☐

☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10 ☐11 ☐12 ☐13 ☐14 ☐15 ☐16

☐32 ☐31 ☐30 ☐29 ☐28 ☐27 ☐26 ☐25 ☐24 ☐23 ☐22 ☐21 ☐20 ☐19 ☐18 ☐17

SPECIAL INSTRUCTIONS:

Dr's Signature: _____ **License #:** _____

GREAT SMILES DELIVERED TODAY

IPRODENTALLAB.COM @IPRODENTALLABORATORY 866-362-4776