DYLAN JOE
Dental Studio

213-703-6112
dylanjoe@dylanjoedentalstudio.com
2390 Pine Hill Court, St. Joseph, MI 49085

Case No.

DUE DATE

Due date is one day before patient's next appointment

☐ FINISH CASE
☐ DIAGNOSTIC BLUE PRINT

INFO

Doctor's Name _____ Patient's Name _____ Age _____ ☐ Male ☐ Female

Address _____

MATERIALS

☐ Pressed Ceramic ☐ Emax ☐ Zirconium ☐ Implant

TOOTH NUMBER(S) Circle the numbers

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

SHADES _____ STUMP SHADE _____

SPECIAL INSTRUCTIONS

_____ _____ _____
Doctor's Signature *Date* *License No.*

LAB USE ONLY

RECEIVED _____ DELIVERED _____

ITEMS INCLUDED WITH CASE

☐ Master Impression (Qty.____)
☐ Opposing Impression/Model
☐ Impression/Model of Provisionals
☐ Incisal Matrix
☐ Pre-op Models
☐ Diagnostic Wax-up
☐ Study Model
☐ Photos/CD/Drop-box
☐ Bite registration w/o Stick
☐ Stick Bite Registration
☐ Facebow
☐ Email dylanjoe@dylanjoedentalstudio.com