QRP DENTAL LAB

4640 Spyres Way, Suite 6
Modesto, CA 95356
(209) 523-1370
Fax (209) 550-5489
Cell (209) 450-3144
www.qrpdentallab.com

DR._____ DATE _____

PATIENT _____

TYPE OF RESTORATION _____

DUE DATE / TIME_____ APPT. TIME:_____

TEETH	GUIDE	TOOTH ARRANGEMENT
❑ Premium	❑ Vita	❑ Same
❑ Standard	❑ Ivoclar	❑ Similar
❑ Economy	❑ Tru Expre	❑ Ideal
Shade_____	❑ Pala	❑ Irregular
Mould _____	❑ Portrait	

INSTRUCTIONS: Extracting Root / Tooth ❑ Yes ❑ No ❑

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LAB NOTES: _____

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Dentist's License Number _____ Date_____20____

Personal Signature of Dentist _____