



KENN DENTAL LABORATORIES

1400 Jefferson St., Nashville, TN 37217

Tel : (615) 606-8850

E-mail : kenndentallab@gmail.com

Rx Date :

Date Due in Office :

(Deliver By 5PM)

Doctor's Name _____

(Please Print)

Doctor's Address _____

M

F

Sex

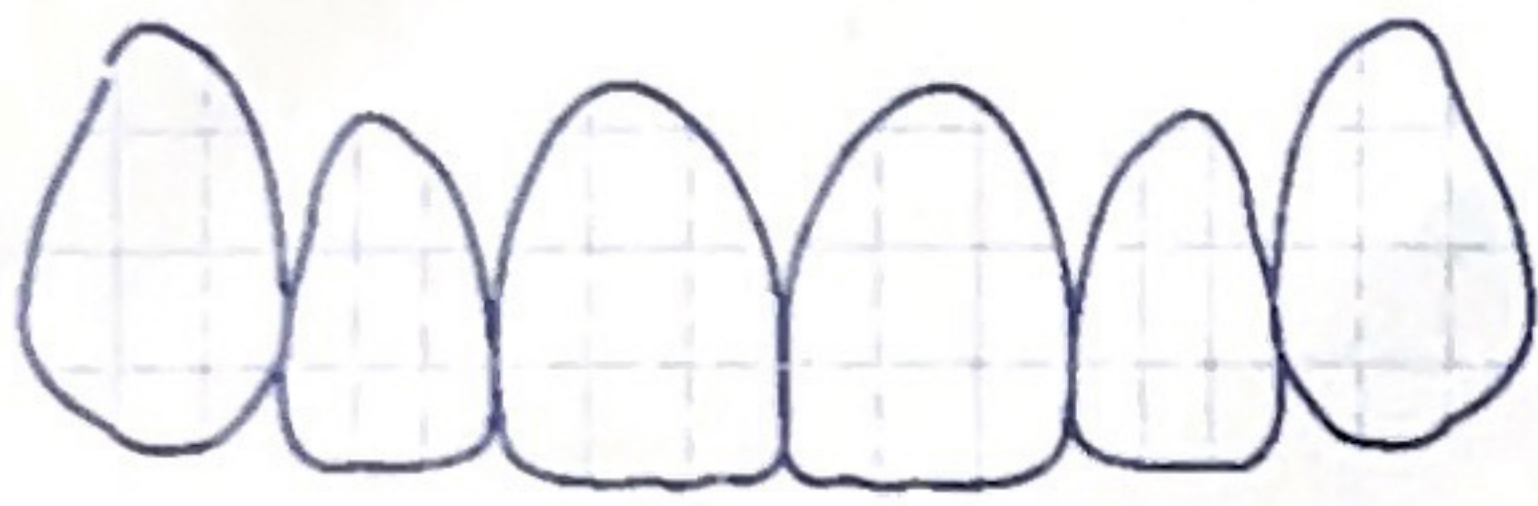
Age _____

Patient's Name _____

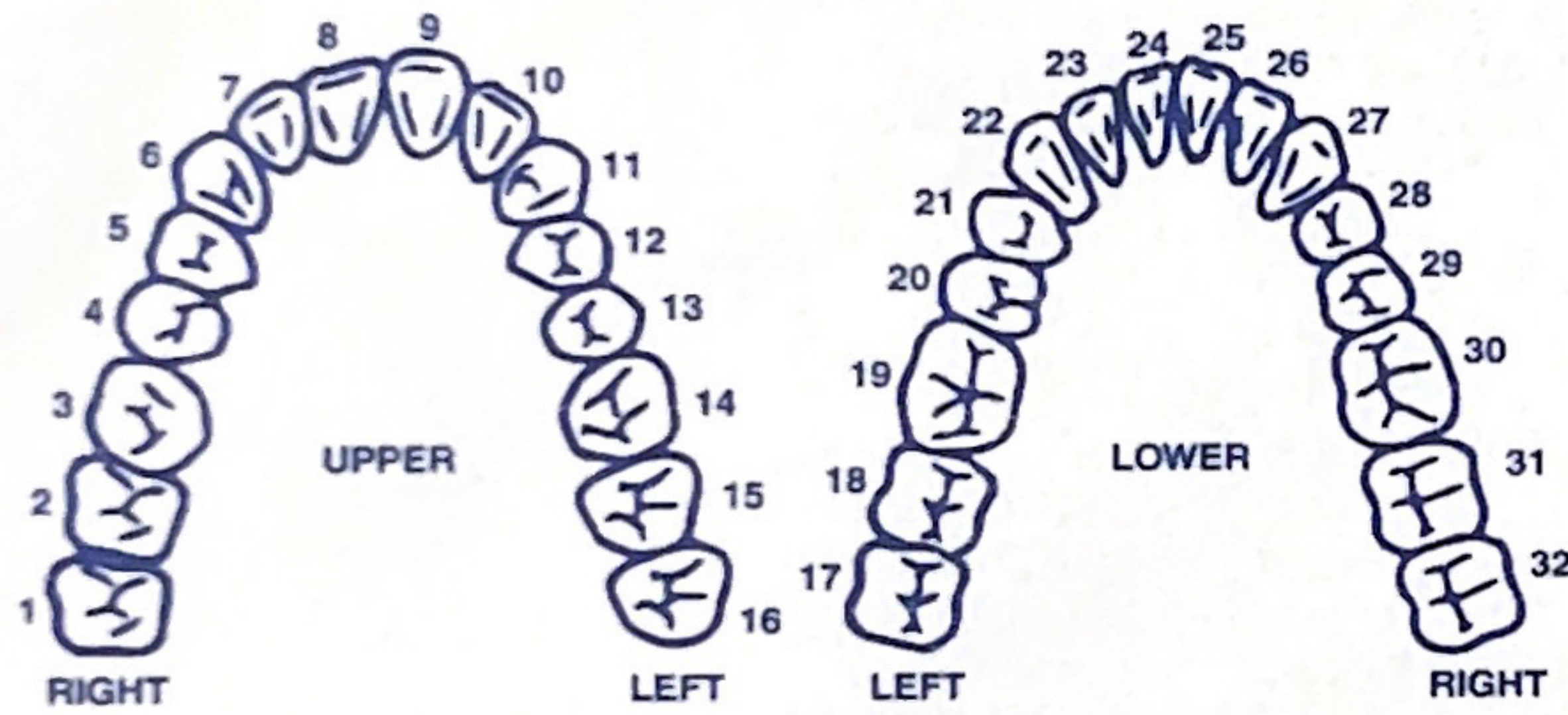
Shade Instructions

Occlusal Staining

- None
- Light
- Medium
- Dark



Shade _____ Stump _____



Rx INSTRUCTIONS

Porcelain Fused To Metal

- Non-Precious
- Semi-Precious
- High Noble White

All Ceramic Restoration

- IPS E.max
- Veneers
- Inlay / Onlay
- Porcelain Fused to Zirconia
- Full Zirconia

Buccal Margin

- Metal Margin _____mm
- Porcelain Butt Margin

Metal Design

OCCLUSAL



LINGUAL



Pontic Design



Dr. Signature _____ D.D.S. License _____

Terms : Net 30 Days / 2% Service Charge Over Due Date. COST OF COLLECTION OF ANY ACCOUNT WILL BE PAID BY CUSTOMER