

LAB COPY

Zedan Dental Laboratory, Inc.

Specializing in Partial Frameworks, Dentures
and Oral Maxillofacial Rehabilitation

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NAME - DDS		DATE	
ADDRESS		PHONE ()	
CITY	STATE	ZIP	EMAIL ADDRESS

PATIENT'S INFORMATION

NAME	DATE REQUESTED
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MALE <input type="checkbox"/> AGE FEMALE <input type="checkbox"/>	<input type="checkbox"/> Framework <input type="checkbox"/> Set-Up <input type="checkbox"/> Finish <input type="checkbox"/> Other		
Metal: <input type="checkbox"/> Chrome <input type="checkbox"/> Cobalt <input type="checkbox"/> Gold	Base Material: <input type="checkbox"/> Lucitone <input type="checkbox"/> Other	Tooth Selection: <input type="checkbox"/> Mould <input type="checkbox"/> Shade <input type="checkbox"/> Make	

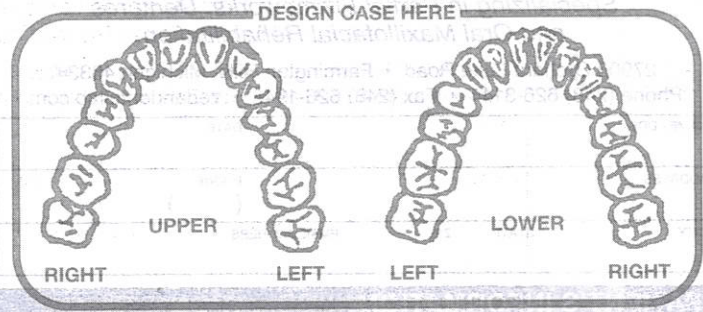
INSTRUCTIONS

R Over

FURTHER INSTRUCTIONS AND DESIGN ON BACK OF FORM

DENTIST'S SIGNATURE _____ DDS

LICENSE NO. _____



<input type="checkbox"/> Framework	<input type="checkbox"/> Set-Up	<input type="checkbox"/> Finish	<input type="checkbox"/> Other
<input type="checkbox"/> Chrome	<input type="checkbox"/> Cobalt	<input type="checkbox"/> Gold	
<input type="checkbox"/> Lucitone	<input type="checkbox"/> Other		
<input type="checkbox"/> Mould	<input type="checkbox"/> Shade	<input type="checkbox"/> Make	

Over
