BRANDI
DENTAL LABORATORY
2801 Junipero Ave. Ste.200 . Signal Hill, CA 90755
562-424-8900 • 800-288-2185 • FAX 562-424-9305 • www.brandidentallab.com

Lab Use Only	
Pan	Date
Plaster	Wax
Porcelain	
QC	

From:

Date: _____

Deliver by 5pm on: _____
Please refer to our time schedule. If no date is indicated we will automatically assume standard working time.

(Please Print)
Patient: Last _____ First _____

Shade: _____ Age: _____ Male ☐ Female ☐

Occlusion
☐ Out
☐ Light
☐ Contact

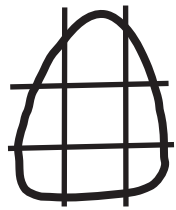
Occlusal Stain
☐ None
☐ Light
☐ Medium
☐ Dark

Embrassure
☐ Open
☐ Natural
☐ Close

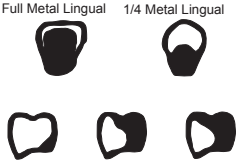
If No Occlusal Clearance
☐ Metal Occlusion
☐ Reduction Coping
☐ Spot Opposing
☐ Call for Reprep

Buccal Margin Design
☐ Metal ___mm on Buccal
☐ Porcelain Butt Margin

Custom Shade



Metal Design (Please Circle)
Full Metal Lingual 1/4 Metal Lingual
Anterior
Posterior



Pontic Design

☐ No Contact ☐ Point Contact ☐ Modified Ridge ☐ Full Ridge

Specific Instructions

☐ Die Trim
☐ Metal Try-In
☐ Biscuit Try-In
☐ Finish

☐ Please Call

Doctor (Please Print) Signature License Number

Please return white copy to laboratory. Keep pink copy for your records.