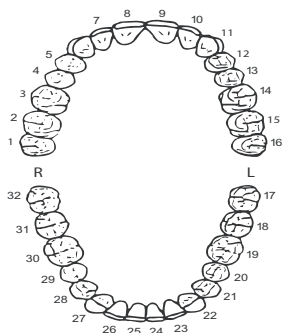


Berl and Dental Arts Studio^É

DOCTOR: _____ DUE DATE: _____ MALE

PATIENT NAME: _____ AGE: _____ FEMALE

TOOTH NUMBER(S): _____ SHADE: _____



LORIN LIBRARY

Smile Design: _____

Length Code: _____

TOP = LAB

RESTORATION TYPE (check all that apply)

- Zirconium-to-Porcelain
- Captek
- Implant
- Anterior
- Posterior
- Veneer
- Bridge
- Hybrid Composite

PONTIC DESIGN



INCLUDED

- Bite
- Opposing
- Impression
- Pre-Op Model
- Photos

BOTTOM = DOCTOR

INSTRUCTIONS: _____

DENTIST SIGNATURE

DATE

LICENSE NUMBER