

CASE NO. _____



KDL
LAB COPY

Prep Day _____

To _____

KDLAB

NAME OF LABORATORY

Address **9211 NE Country Woods Ln, Kingston, WA 98346**

Patient's Name _____

Rx

PHOTO

Email Sent

FOR ADDITIONAL INSTRUCTIONS USE BACK

SHADE

GINGIVAL

INCISAL



GOLD

EMAX

ZERCONIA

OTHER

DELIVERY DATE _____ AM PM

ENTER DUE DATE ONE DAY PRIOR TO SEAT DATE

PRINT DR. NAME

LICENSE NO.

DR. SIGNATURE

PHONE NO.

DENTAL WORK AUTHORIZATION**LAB USE ONLY**

_____ Crown Scanned	_____ Implant Sent	_____ Contacts
_____ Crown Designed	_____ Gold Crown Sent	_____ Quality Checked
_____ Crown Milled	_____ Stained & Glazed	_____ Case Cleaned
_____ Implant Scanned	_____ Shade Check	