



DENTAL PROSTHETICS, INC.

creating brighter smiles since 1969

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Doctor _____

Prep Date _____

Patient _____

Metal Try-in Date _____

Age ____ Male Female

Bisque Try-in Date _____

FINISH DATE _____

Stump Shade _____

Shade _____

In Lab _____

PRODUCTS

DP Elite Porcelain Fused to Metal

- Noble High Noble Yellow Gold
 High Noble White Gold* DP Advanced Captek

Margins

- Metal Gingival Metal Lingual Band
 Porcelain Shoulder 360° Porcelain

Occlusal

- Porcelain Metal

DP Elite Full-Cast Restorations

- Full Cast Yellow Gold (HN) Full Cast Semi-Precious
 Full Cast White Gold (HN)

DP Advanced Designs – All-Ceramics

- Lava Zirconia IPS Empress – Stain* or Cutback
(Please Circle One)
 Procera Alumina IPS E-Max DP Blue

Diagnostic Wax Up

**Standard unless otherwise specified.*

Instructions

Dr. Signature _____

License # _____

Doctor's signature approves work requested on this lab slip and agrees that payment will be made in 30 days. Doctor further agrees to pay a 2% per month service charge on balances over 30 days and legal fees on collection, if necessary. This applies to past, present, and future balances.