Dr. _____ Phone _____

Address _____

City _____ State _____ Zip _____

Patient's Name _____ ☐ Male ☐ Female

Return Date _____ ☐ Try-in _____ ☐ Finish _____

CROWN & BRIDGE

Please circle restoration tooth's number

1	2	3	4	5	6	7	8	9	10	12	13	14	15	16	
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

NOTES

License # _____ Date _____

ANCO DENTAL LABORATORY

10161 W Sample Rd # E
Coral Springs, FL 33065
(954) 753-8330
www.ancodentallab.com

License #DL11808

DENTURES/PARTIALS/PROVISIONALS

Provisionals

Abutment Tooth #'s _____
Pontic Tooth #'s _____
Total Units _____

Reinforcement

☐ Wire
☐ Cast Metal Frame
☐ None

☐ Splinted ☐ Single Units

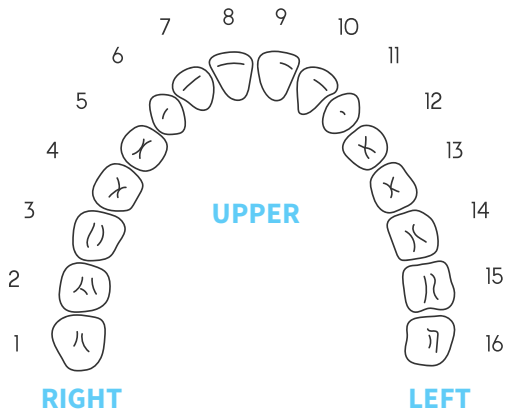
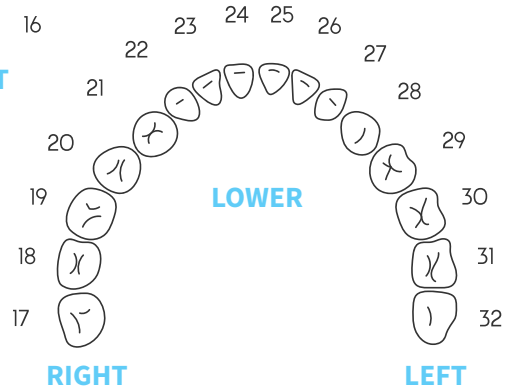
Anteriors

Mold _____
Shade _____

Posteriors

Mold _____
Shade _____

Degree of Cusp

☐ 0° ☐ 20°
☐ 10° ☐ 33°

☐ Classic ☐ Portrait ☐ Vitapan ☐ BlueLine ☐ Other: _____