

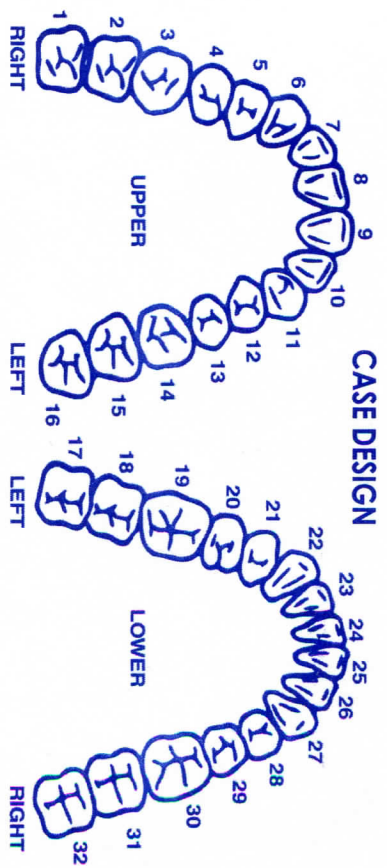


# NIK DENTAL LAB, LLC.

Pewaukee, WI 53072  
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E-mail : nikdental@ameritech.net

Doctor \_\_\_\_\_ Patient \_\_\_\_\_  
 Address \_\_\_\_\_ Age \_\_\_\_\_ Sex  Male  Female  
 City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Date Sent : \_\_\_\_\_  
 Try-In Date : \_\_\_\_\_  
 Finish Date : \_\_\_\_\_

Please send :  RX Forms  Mailing Boxes  Other \_\_\_\_\_  
**PARTIALS AND DENTURES**



## INSTRUCTIONS

Shade \_\_\_\_\_

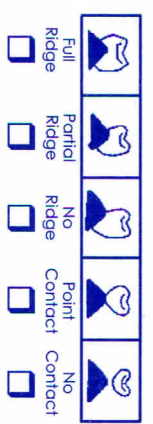
## CROWN AND BRIDGE (Please )

- MATERIALS**
- IPS e.max
  - Porcelain to Metal
    - Biolume' 24K Golden
    - NIK Special
    - PFM
    - Base-N.P.
    - Other \_\_\_\_\_
  - Full Cast Metal
    - High Noble - Yellow
    - Noble - Yellow
    - Economy - Yellow
    - Noble - White
    - Economy - White
  - Zirconia
    - Crystal Diamond
    - Crystal Cutback
    - Full Porcelain Coverage
    - Enhanced Incisal Zirconia

## METAL DESIGN (Please )



## CASE DESIGN



Occlusal Tight :  Yes  No  
 OK to Trim?  Yes  No

## ADDITIONAL INSTRUCTIONS

Shade \_\_\_\_\_ Porcelain Butt Margin  Yes  No

## DOCTOR PLEASE RETAIN DUPLICATE COPY

Signature \_\_\_\_\_  
 License Number \_\_\_\_\_ State \_\_\_\_\_

# THANK YOU!

