the mill
dental lab

Date Commenced: / /

Dentist:

Patient:

☐ M ☐ F

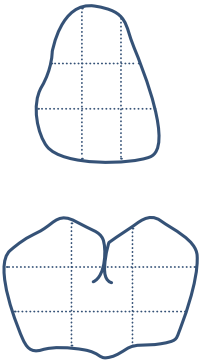
Finish Date & Time:

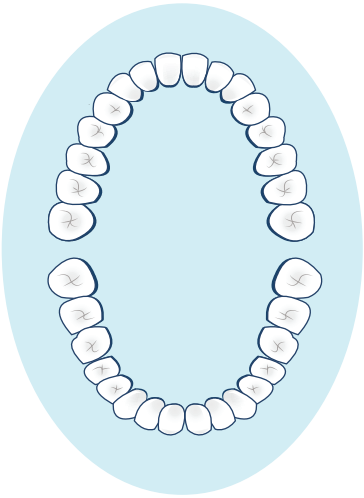
Shade:

**Crown Type** (Select more than one if appropriate)

☐ ZIRCONIA
☐ E-MAX
☐ IMPLANT
☐ CANTILEVER / MARYLAND
☐ SINGLE
☐ BRIDGE
☐ VENEER
☐ INLAY / ONLAY
☐ OTHER (Please specify below)

**Shade Instructions**





Instructions:

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