



THAYER DENTAL LABORATORY, INC.

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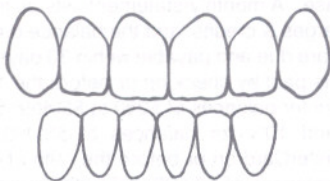
"YOUR PARTNER IN MASTERING NEW TECHNOLOGIES" SM

DR. _____ RETURN DATE: _____

PATIENT: _____ DATE SENT: _____

MALE FEMALE AGE: _____ FACIAL SHAPE: _____

STUMPF SHADE: _____
SHADE DESIRED: _____
MOULD: _____



SURFACE: SMOOTH MODERATE HEAVY
OCCUSAL STAIN: NONE LIGHT MEDIUM DARK

DEGREE OF TRANSLUCENCY: MINIMUM MODERATE MAXIMUM

RETURN: METAL BISQUE FINISHED INDIVIDUAL SPLINTED

COPING DESIGN (PLEASE CIRCLE ONE):



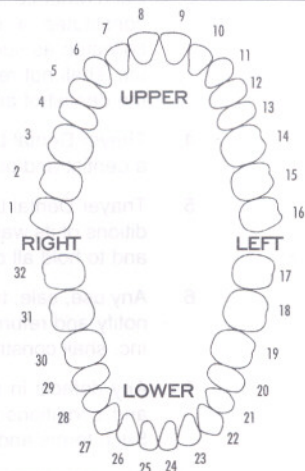
PONTIC DESIGN (PLEASE CIRCLE ONE):



MARGIN DESIGN: NO METAL TO SHOW
HAIRLINE METAL MARGIN PORCELAIN BUTT

IF NO OCCUSAL CLEARANCE:

METAL OCCUSION ADJUST OPPOSING
REDUCTION COPING



INSTRUCTIONS:

SIGNATURE: _____ LICENSE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

WE NEED: BOXES RX PADS FED-X AIRBILLS MAILING LABELS