01001

RAY DENTAL LABORATORY, INC.

Doctor's Name

Due Date

Patient's Name

First Last

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

Have we worked for this patient in the past? ☐ Yes ☐ No

Bisq Try-in? ☐ Yes ☐ No

☐ SELECT - Simple Shade -	☐ ORIGINAL - Multi Shade -	☐ MASTER - Aesthetic Shade -
☐ Zirconia	☐ Zirconia	☐ Zirconia
☐ Lithium Disilicate	☐ Lithium Disilicate	☐ Lithium Disilicate

Contact Instruction

Proximal Contact: ☐ Heavy ☐ Medium ☐ Light

Occlusal Contact: ☐ Full ☐ Light ☐ No Contact

Shade Information (Vita Classical recommended)

Crown / Final Shade

☐ Photo : raydl4shade@gmail.com

Dentin / Prep Shade

Lab Use Only

☐ HF ☐ FL ☐ CR ☐ SR ☐ CA

R		C		M		S		Ag		R		F		An		Sh		Fi	

☐ Ad ☐ Re ☐ Rd

Rx Notes

Enclosed

☐ Regular Impression ☐ Opposing Model ☐ Bite Registration

☐ Digital Impression ☐ Trios ☐ Replica ☐ Abutment

☐ Study Models **all anterior cases must include a study model*

☐ Other

Signature **Lic. #** **Date**

Cost of collection on any account will be paid by the customer. Terms: Net. 30 days. A 3% service charge over 30days.

RAY DL, INC.

11500 W. Olympic Blvd., Suite 303, Los Angeles CA 90064

(424) 317- 0009 Email : raydl4shade@gmail.com