

Rayven Lab

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 www.rayvenlab.com



Case #
Rx Date :
Date Due in Office:

(Deliver 5pm)

Doctor's Name _____ (Please Print)

Doctor's Address _____

M F
 Sex Age

Patient's Name _____

Restoration Type:

- High Translucent Zirconia (900-1100MPa)
- Opaque Zirconia (900-1100MPa)
(use only to match opaque teeth i.e. pfm)
- e.MAX High Translucent (360 mpA)
- e.MAX Low Translucent (360 mpA)
- Milled Gold 2%
- Milled Gold 52%

TOOTH #S	Crown	Bridge	Screw Retained Implant	Implant Platform	Stump Shade
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Pontic Design :



If Insufficient Room :

- Reduce & Mark Prep
- Reduce & Mark Opposing
- Call Me

SPECIAL INSTRUCTIONS :

Neck Shade Guide _____

Cervical

Denti Gingival

Denti Mid Body

Inter Proximal

Incisal

Incisal Edge

Stump Shade Teeth # _____ ST _____



Incisal Trans

- Minimal 0.5
- Modest 1.0
- Max 1.5

Signature _____ License # _____