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**a working partnership in your dental practice**

PATIENT

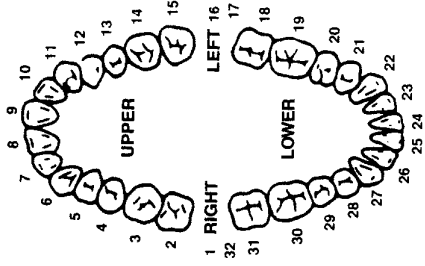
TODAY'S DATE

SHADE 	ALLOY <input type="checkbox"/> NON-PRECIOUS <input type="checkbox"/> SEMI-PRECIOUS <input type="checkbox"/> WHITE GOLD <input type="checkbox"/> YELLOW GOLD	FRAME DESIGN <input type="checkbox"/> Full Coverage <input type="checkbox"/> Metal Occlusal/Ling <input type="checkbox"/> Full Cast Crown <input type="checkbox"/> 3/4 Cast Crown <input type="checkbox"/> Cast Inlay/Onlay	MARGIN DESIGN <input type="checkbox"/> Porcelain Butt Margin <input type="checkbox"/> Small Facial Collar <input type="checkbox"/> Light Contact <input type="checkbox"/> Tight Contact <input type="checkbox"/> Light Occlusion <input type="checkbox"/> No Lingual Band
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FULL CONTOUR ZIRCONIA  ZIRCONIA CROWN W/PORCELAIN  EMAX

INSTRUCTIONS:

**Implant Restoration Specialist**  
Call For Quote



**Partial & Denture Fabrication**

**PARTIALS**  
 COMPLETE  
 FRAMEWORK ONLY  
 VITALLIUM 2000 (PREMIUM FRAMEWORK)  
 TITANIUM 100 (STANDARD FRAMEWORK)  
 VALPLAST LUCITONE FRS. FLEX PARTIAL  
 ACRYLIC PARTIAL  
 THERMOFLEX CLASPS  
 WROUGHT WIRE CLASPS

**SUCCESS® INJECTED DENTURES**  
 PREMIUM ACRYLIC BASEPLATE  
 IVOCLAR BITE RIM  
 ECONOMY SOFTLINER

**BASE SHADE**

**TMJ APPLIANCES**  
 HARD NIGHT GUARD  
 SOFT NIGHT GUARD

DR'S. SIGNATURE \_\_\_\_\_ DR'S. PHONE NUMBER \_\_\_\_\_ DR'S. LICENSE NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Please Send  Mailing Labels  Prescription Pad  Mailing Boxes