

DIAMOND
Dental Laboratory

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Doctor Name and License Number _____

Patient Name and Age _____

Metal Try-in:

Porcelain Try-in:

Finish Case:

Texture: Shade Tab More Less
(VITA shade guide shade tab)

Gloss: Shade Tab More Less

Occl. Stain: None Medium Dark

BUCCAL:

Porcelain down to margin

Porcelain margin (butt joint)

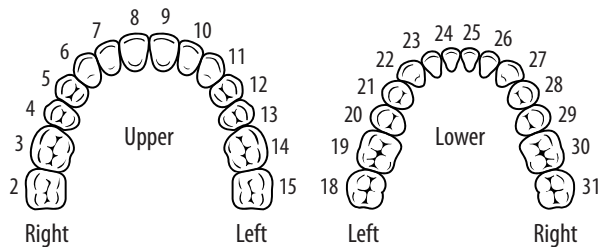
Hairline metal collar

LINGUAL:

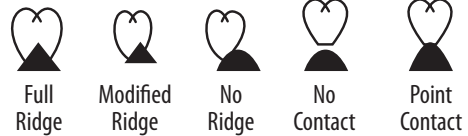
Minimal collar

No collar

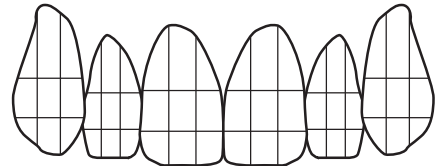
Regular collar



SHADE:



Please send bite registration with each case study models for anterior cases. Please send slides and photos as often as possible. THANK YOU.



Instructions:

Return By: _____ Alloy Weight: _____ Case Number: _____ Pan Number: _____

Implant Restorations, Treatment Plan Assistance, Full Oral Fixed Reconstruction Based on Biomechanics, Function, N.W.T., Occlusion