Stevenson Dental Technology CDL
5 William Tell Lane, Beverly Hills, FL 34465 | sdt-labs.com
352-270-8874 | 800-408-1369 | fax 352-513-4800 | thelab@sdt-labs.com | DL10079

Dr. _____

E-Mail or Address_____

Prep Date: _____ Due by 4PM on: _____

Patient or #: _____ M❑ F❑ Age _____

Shade _____Prep _____Emailed to shades@sdt-labs.com **Y | N**

PFM PFM Comprehensive ❑ Teeth # _____ ❑Porc. Margin
PFM Simple ❑ Teeth # _____ ❑Porc. Margin

Zirconia techZIR Monolithic ❑ Layered ❑ teeth # _____

E-Max E-Max Press (Layered buildup) ❑ Teeth # _____
Monolithic E-Max Press ❑ Teeth # _____

Full Cast Metal ❑ Teeth # _____

Metal(Circle)-**(Base)(Noble)(HighNoble)(HighNobleYellow)Other**_____

Implant Selection

Hybrid/Screw Retained Crown ❑ Teeth # _____ *choose crown type above

Hybrid Zirconia Abutment ❑ Teeth # _____

Custom Abutments

Straumann	Titanium ❑	Zirconia ❑
Atlantis	Titanium ❑	Zirconia ❑
Other_____	Titanium ❑	Zirconia ❑

*Additional instructions and/or **known allergies Implant Selection***

Our Office Needs RX pads ❑ Shipping Boxes ❑ Mailing labels ❑

I authorize the above procedure to be performed and I have read and agreed to the Terms and Conditions on SDT website @ sdt-labs.com

Dentist Signature **License #**

S _____ **O** _____ F _____ C _____ C _____