

# DENTAL CRAFTS LTD.



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Pan \_\_\_\_\_

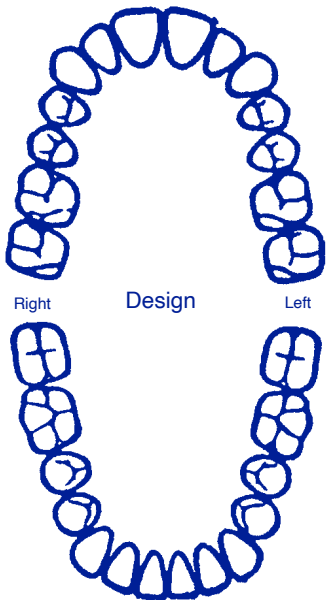
Customer \_\_\_\_\_

Address \_\_\_\_\_

Patient \_\_\_\_\_ Type of Case \_\_\_\_\_

|   |  |  |  |
|---|--|--|--|
| <b>Finish-in</b><br><input type="checkbox"/> Precious<br><input type="checkbox"/> Semi Precious<br><input type="checkbox"/> Non Precious<br><input type="checkbox"/> E. Max<br><input type="checkbox"/> PFZ<br><input type="checkbox"/> Full Zirconia<br><input type="checkbox"/> Zirconia Esthetic<br><input type="checkbox"/> Flexible Resin<br><input type="checkbox"/> Lucitone 199<br><input type="checkbox"/> Postdam | <b>Do you need</b><br><input type="checkbox"/> Memo Pads<br><input type="checkbox"/> Mailing Boxes<br><input type="checkbox"/> R <sub>x</sub> Forms<br><input type="checkbox"/> Plastic Bags | <b>Shade</b><br><br><br><br><br><b>Mould</b> | <b>Date Required</b><br><br>Try in _____<br><br><b>Date Required</b><br><br>Finish _____ |
|---|--|--|--|

R<sub>x</sub>



Date \_\_\_\_\_ Signed \_\_\_\_\_

More Instructions Overleaf

