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 obriendentallab.com

Type	U	Cast	Finish

For lab use

Doctor _____ Date _____

Patient _____

Delivery Date

- Porcelain to Metal *(please specify)*
 Z Core+[®] *(porcelain fused to engineered zirconia)*
 Full Cast Metal *(please specify)*
 Enamelux[®] *(e.max[®] Press monolithic lithium disilicate)*
 MLZ[™] *(Micro Layered Zirconia)*
 MZR[™] *(Monolithic Zirconia Restoration)*

Final Shade: _____ **Prep Shade:** *(recommended for metal free restorations)* _____

Photos: USB Print Memory Card Email *(shade@obriendentallab.com)*

Tooth Number(s): _____ Call to discuss

Please describe the case: *(use reverse if needed)*

Doctor Signature _____ License Number _____