



4202 S. 90th Street
 Omaha Nebraska 68127
 (402) 614-7000

DOCTOR _____ DATE _____

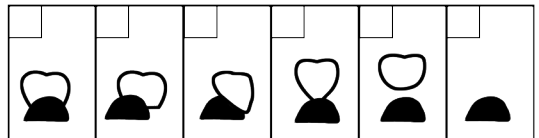
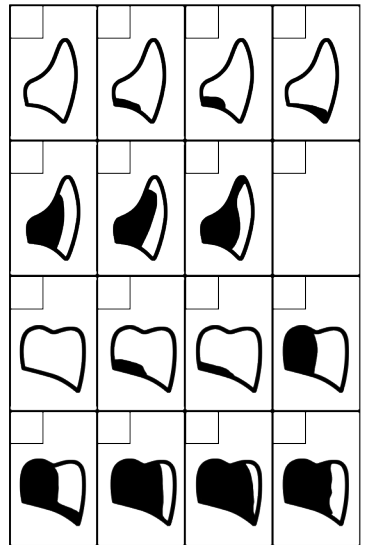
PATIENT _____ MALE FEMALE AGE _____

DUE DATE _____ SHADE _____

APPOINTMENT TIME _____

INSTRUCTIONS:

METALLIC CERAMIC DESIGN CHART



FULL RIDGE PARTIAL RIDGE BUCCAL CREST POINT CONTACT NO CONTACT DOCTOR'S DESIGN

DOCTOR'S SIGNATURE _____

LICENSE NUMBER _____