



# Dickerson Dental Studio Inc

9305 Hermitage Road  
Chardon, OH 44024  
440.944.8430  
jim@dickersondental.com



DOCTOR

ADDRESS

PATIENT

DATE SENT TO LAB

PLEASE FOLLOW DELIVERY  
CALENDAR FOR SCHEDULING

RETURN DATE BY 5:00 PM

METAL FREE

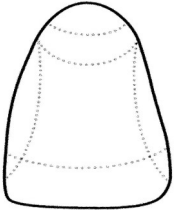
Age: \_\_\_\_\_  Male  Female  
Tooth No(s). \_\_\_\_\_  
Tooth Surface  Smooth  Medium  Rough  
Basic Shade \_\_\_\_\_ Stump Shade \_\_\_\_\_  
 Pictures sent  
Occlusal Staining  None  Light  Medium  Dark

High translucency Zirconia  
1200 mpa \*  
 Low translucency Zirconia  
1200 mpa  
 Emax/LISI \*  
\* stump shade needed

### SPECIAL INSTRUCTIONS

To avoid confusion please print clearly

Characterization \_\_\_\_\_



\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IMPLANTS

Type \_\_\_\_\_  
Size \_\_\_\_\_  
 Screw Retained  
 Hybrid Abutment  
 All metal Abutment  
 Surgical Stent

TEMPS

PMMA Temps

PFM/METAL

High noble  
 Noble  
 Predominantly Base (NP)  
 Full cast all metal

We follow all disinfecting guidelines. PLEASE RINSE all impressions.

Doctor's Signature

License No.

PLEASE COMPLETE INSTRUCTIONS. THANK YOU.  
Terms net 30 days - 2% service charge over 30 days.

James W. Tomsick, CDT  
Revised 1/2021