| For lab use only. |  |  |
| :---: | :---: | :---: |
| WAX | METAL | PORC. |
|  |  |  |

Today's Date:
Dr: $\qquad$
Street: $\qquad$
City: $\qquad$
State: $\qquad$ Zip: $\qquad$ Patient Name:
Phone: ( ) )

Try In

- Bisque
$\square$ Finish

|  |
| :--- | :--- |
| Patient Name: <br> Sex:_- |


$\square$ see shade map below
Tooth \#'s


