



Crown Creations
1015 NW Adams Street
McMinnville, OR 97128
(503) 435-1119

REMOVABLE PROSTHESIS LAB SLIP

Return Date: _____

Return Time: _____

Practice Name: _____

Doctor Name: _____

Patient's Name: _____

Tooth Shade: _____ Tissue Shade #: _____

Shade Photos

Tooth Mould: _____ Email To: shades4crowns@gmail.com

Gender: Male | Female Age: _____ Tooth #: _____

Check all that apply:

- | | | |
|--|---------------------------------------|---|
| <input type="checkbox"/> Maxillary | <input type="checkbox"/> Cast Partial | <input type="checkbox"/> Nightguard |
| <input type="checkbox"/> Mandibular | <input type="checkbox"/> Flipper | <input type="checkbox"/> Sportsguard |
| <input type="checkbox"/> Denture | <input type="checkbox"/> Reline | <input type="checkbox"/> Bleach Tray |
| <input type="checkbox"/> Other (see below) | <input type="checkbox"/> Repair | <input type="checkbox"/> Retainer - Essix |

Special Instructions:

Dr. Name: _____ Date: _____