

Today's Date: _____

Return by 5:00 pm on: _____

Please send: Prescriptions Boxes Case Bags

Mailing Labels: Pre-paid Fed Ex Stamps Pre-paid Mail Labels

KELLER LABORATORIES, INC.
160 Larkin Williams Industrial Court
P.O. Box 260161 Fenton, MO 63026
636-717-1755 800-325-3056



DOCTOR: _____

STREET: _____ **PATIENT:** _____

CITY: _____ (LAST) _____

STATE: _____ **ZIP:** _____

PHONE: (____) _____ (FIRST) _____

FAX: (____) _____ **AGE:** _____ **SEX:** _____

EMAIL: _____

CROWN & BRIDGE

All-Ceramic

- BruxZir Total Zirconia
- e.max
- Empress
- Empress Esthetic
- KZ³

Porcelain to Metal

- Captek
- Non-precious (white)
- Noble/Semi-precious (white)
- High Noble (white)*

Full Cast Gold

- 62%* 50% 20%

* Default if no Crown is specified.

Occlusion

- In occlusion
- Slightly out of occlusion
- Out of occlusion

Shade _____ or

- see shade map below

- Crown prepped for future partial**

Composite

- Premise

- Metal Try In
- Bisque
- Finish

PFM Design Chart

Default Design



Full porcelain, no metal showing



Full porcelain, no metal showing

Please Circle Alternate Design



Lingual collar only



Lingual collar w/ narrow facial



Narrow collar all around



Full metal lingual



Lingual collar only



Lingual collar w/ narrow buccal collar



Lingual cusps metal



Buccal hooded porcelain veneer

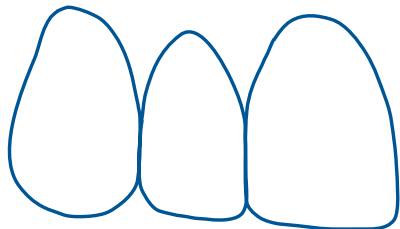


Buccal hooded porcelain veneer with narrow buccal collar

Porcelain Butt Margin

- Yes, on tooth # (s) _____

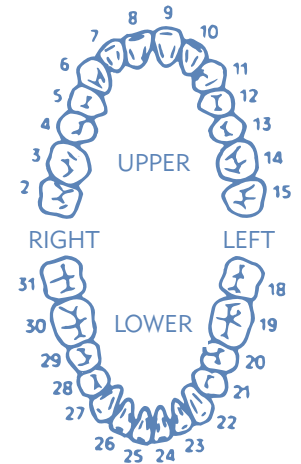
Tooth #'s _____



DENTURES & PARTIALS

Circle your choices		
Upper		Lower
Full Denture Immediate Name in Denture	Partial Denture ClearFrame Metal Frame All Acrylic Lab Design Doctor Design Name in Denture Wire Clasp Ball Clasp	Valplast Classic Select Boomer (1-2 teeth)
Try In	Acrylic Shade	Complete
Pink	Light Ethnic	Dark Ethnic
Economy	Tooth Choice	Premium
Shade: _____		Mould: _____

INSTRUCTIONS:



Doctor Signature _____ License No. _____

Terms are net 10 days from statement date.

Rev. 12/10