WE SENT: ☐ Bite ☐ Model ☐ Im	npression	ant □ Study Model □ Shade Tab □ Other
 □ Noble □ High Noble White □ High Noble Yellow □ Layer 	MICS FULL CAST x® CAD □ Noble Whit x® Layered □ Noble Yello	te Dental Arts
O Upper O Lower Wax Rim O Upper O Lower	Cast Partial O Frame Try-in OTeeth Try-in OF O CO-CR Alloy OVitallium Night Guard O Soft/hard O Hard sh □ Bleaching Tray	Patient Sex: M F Age UPPER RIGHT 7 8 9 10 UPPER RIGHT 7 8 9 10 LEFT Due Date Due Date Acrylic Shade O Pink O Mecharry Name of Practice Doctor License # Signature