



BLUE CRANE DENTAL LAB

FULL SERVICE

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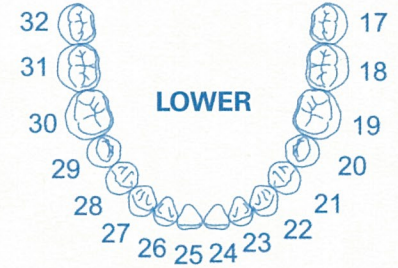
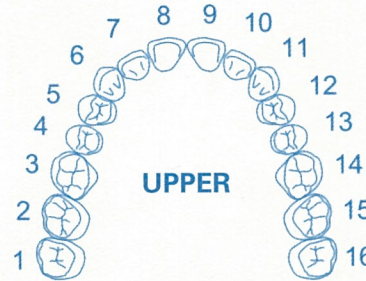
Doctor _____ Patient _____

Address _____ Date Sent _____

City/State/Zip _____ Return Date _____

Telephone _____ Shade _____ Stumpf Shade _____

Office use only



PROCEDURES

- Provisionals
- PFM
 - Metal collar: Lingual / 360°
 - Porcelain Shoulder
- E.max
 - Monolithic/Full contour
 - Layered
- Zirconia
 - Monolithic/Full contour
 - Layered
 - Prettau Zirkonzahn
- Gold Crown
- Implants:
 - Screw retained
 - Custom Cast Abutment
 - CAD/CAM Abutment
 - Titanium or Gold Hue
 - Components provided

ADDITIONAL INSTRUCTIONS

Signature _____ License No. _____

Please send: Rx Forms Shipping Labels

Thank You!