



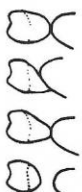
# Kootenai Dental Lab, LLC

129 Poplar Ave.  
 Coeur d'Alene, Idaho 83814  
 Eldon Poisel, CDT • Trent Poisel  
 (208) 667-8610 • 1-800-667-6191 • Fax (208) 765-8905  
 Website: www.kootenaidentalab.com • Email: kootlab@hotmail.com

Doctor \_\_\_\_\_ Due Date \_\_\_\_\_ AM/PM  
 Patient \_\_\_\_\_ Rush \_\_\_\_\_

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> TYPE               | <input type="checkbox"/> METAL            | <input type="checkbox"/> OCCLUSAL   | <input type="checkbox"/> MARGIN            |
| <input type="checkbox"/> PFM                | <input type="checkbox"/> Precious         | <input type="checkbox"/> Porcelain  | <input type="checkbox"/> Porc. Shoulder    |
| <input type="checkbox"/> Full Cast          | <input type="checkbox"/> Nonprecious      | <input type="checkbox"/> Metal  | <input type="checkbox"/> Porc./Metal       |
| <input type="checkbox"/> e-Max Press        | <input type="checkbox"/> Reduction Coping | <input type="checkbox"/> Metal/Porc.  | <input type="checkbox"/> Metal Lingual     |
| <input type="checkbox"/> e-Max Press Onlay  | <input type="checkbox"/> Transfer Dies    |  | <input type="checkbox"/> 360° Metal Collar |
| <input type="checkbox"/> e-Max Press Veneer | <b>IMPLANTS</b>                           |  | <input type="checkbox"/> Anatomy Natural   |
| <input type="checkbox"/> 100% Zirkon        | <input type="checkbox"/> Dr's Parts       | <input type="checkbox"/> Custom Shade   | <input type="checkbox"/> Anatomy Ideal     |
| <input type="checkbox"/> Zirconia/Stack     | <input type="checkbox"/> Lab Parts        | <input type="checkbox"/> Pictures   | <input type="checkbox"/> Email Pictures    |
| <input type="checkbox"/> Diagnostic Wax Up  | <input type="checkbox"/> Lab Prep         | <input type="checkbox"/> Custom Abutment  |  |
| <input type="checkbox"/> Remake             | <input type="checkbox"/> Custom Abutment  | <input type="checkbox"/> UCLA Design/<br>Gold Abutment                              |  |
| <input type="checkbox"/> Design for partial | <input type="checkbox"/> Screw Retained   | <input type="checkbox"/> Implant Design   |  |
| <input type="checkbox"/> Stress Breaker     | <input type="checkbox"/> Ridge Lap        |   |  |
| <input type="checkbox"/> Study Models       |   |   |  |

### Pontic Design



Shade \_\_\_\_\_ Stump \_\_\_\_\_ Tooth Number (s) \_\_\_\_\_

ALLOY	WEIGHT	INGOT	DATE RECEIVED	FAN #
2	3	4	5	6
7	8	9	10	11
12	13	14	15	
16	17	18	19	20
21	22	23	24	25
26	27	28	29	30
31	30	29	28	27
	26	25	24	23
	22	21	20	19
	18			





Dentist's License # \_\_\_\_\_ Dentist's Signature \_\_\_\_\_ Date \_\_\_\_\_

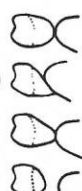
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	18			



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