Tri-Star Dental
LABORATORY

Tri-Star Dental Laboratory
3223 Shady Oak Dr
St. Charles, Missouri 63301-5009
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Requesting Doctor Information	*Patient Information*
Doctor:	Patient:
Address:	ID Number:
City:	Sex:
State: Zip:	Age:
Phone:	Hair Color:

Case Item

- ☐ PFM Crown
- ☐ Pressed All Ceramic Crown
- ☐ Full Gold Crown
- ☐ Porcelain Jacket
- ☐ PFM Bridge
- ☐ Porcelain Veneer
- ☐ Pressed All Ceramic Inlay/Onlay
- ☐ Gold Inlay/Onlay

Alloy

- ☐ Non Precious
- ☐ Semi Precious
- ☐ High Nobel

Shade Instructions

- ☐ Yellow Gold Alloy
- ☐ White Gold Alloy

Shade Information

Shade: _____

_____

Characterized Staining (Diagram)

Contacts

- ☐ Open
- ☐ Closed

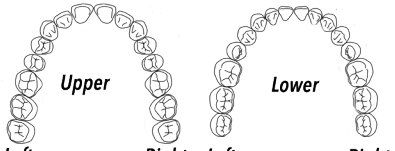
Bridge Relief

- ☐ None
- ☐ Slight
- ☐ Medium
- ☐ Heavy

Pontic Design

Partial Ridge | No Ridge | Point Contact | No Contact

Circle Desired Design



Tooth Number and Description (if needed)

Has Case Been Disinfected? ☐ YES ☐ NO

Date of Trial Case:	Date FINISHED Case:
Dentists License Number:	
Approving Signature:	Date: