



# Shelton Dental Studio

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<b>Due Date</b>
<input type="checkbox"/> AM <input type="checkbox"/> PM

Doctor \_\_\_\_\_ Tel \_\_\_\_\_

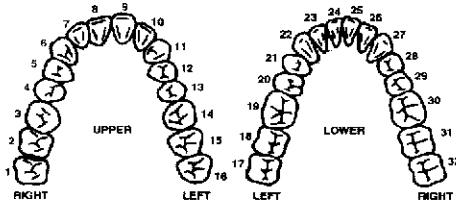
Patient \_\_\_\_\_ Age \_\_\_\_\_  Male  Female

Date Sent \_\_\_\_\_ **Occlusal Staining**  None  Medium  Metal Try-In  
 Light  Dark  Bisque Try-In  
 Finish

## Shade Instructions



Shade \_\_\_\_\_ Stump \_\_\_\_\_



## Rx INSTRUCTIONS

### Porcelain Fused To Metal

- Non-Precious
- Noble White
- High Noble White
- High Noble Yellow
- Captek™

### All Ceramic Restoration

- IPS E.max
- Zirconia
- Veneers
- Inlay / Onlay

### All Metal Restoration

- FMC / Non-Precious
- FMC / Noble White
- FGC / Yellow
- FGC / White
- Post & Core

### Buccal Margin

- Metal Margin \_\_\_\_\_mm
- Porcelain Butt Margin

### Metal Design

#### OCCLUSAL



#### LINGUAL



### Pontic Design



Dr. Signature \_\_\_\_\_ D.D.S. License \_\_\_\_\_

Terms : Net 30 Days / 2% Service Charge Over Due Date. COST OF COLLECTION OF ANY ACCOUNT WILL BE PAID BY CUSTOMER