**SWAN DENTAL** Labs **646-729-9670**

63-89 Saunders Street Ste. BA2 swandentallabratory@gmail.com
Rego Park New York 11374

**DENTURE REPAIRS**
**CROWN& BRIDGE**
**FLIPPERS/FLEXIES**

## RETURN TIMES:

(PLEASE CALL AHEAD FOR FASTER RETURN OPTIONS)

| | |
|---|---|
| FULL ZIRCONIA | 10 DAYS |
| EMAX | 7 DAYS |
| PFM | 7 DAYS |

**PATIENT APPT:** _____
**TIME WANTED:** _____

**DR** _____

| SHADE | ALLOY | LAB USE | LAB USE |
|---|---|---|---|
| | | | SEE NOTES |
| | | LAB USE | LAB USE |

**PATIENT NAME:**

**FIRST:**

**LAST:**

| CROWN / BRIDGE | NIGHT GUARDS | OTHER |
|---|---|---|
| e.max NON-PRECIOUS | UPPER LOWER | BLEACH TRAYS |
| * NOBLE / SEMI PREC (37.5% AG, 53.5% PD) | HARD /SOFT | CLEAR RETAINER |
| BruxZir HIGH NOBLE (88%AU) | HARD | FLIPPER |
| YELLOW GOLD (56%) | SOFT | TEMPS |
| | | OTHER |

**NOTES:**

## DIGITAL SINCE DAY ONE

ACCEPTING FILES FROM ALL SCANNERS - CALL FOR INFO

**LIC #** _____ **SIGNATURE** _____

**SWAN DENTAL** Labs **646-729-9670**

63-89 Saunders Street Ste. BA2 swandentallabratory@gmail.com
Rego Park New York 11375

**DENTURE REPAIRS**
**CROWN& BRIDGE**
**FLIPPERS/FLEXIES**

## RETURN TIMES:

(PLEASE CALL AHEAD FOR FASTER RETURN OPTIONS)

| | |
|---|---|
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**PATIENT APPT:** _____
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**DR** _____

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|---|---|---|---|
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**PATIENT NAME:**

**FIRST:**

**LAST:**

| CROWN / BRIDGE | NIGHT GUARDS | OTHER |
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