

---

---

Doctor Name \_\_\_\_\_ Date \_\_\_\_\_

Patient \_\_\_\_\_, \_\_\_\_\_ Deliver by 5 p.m. on \_\_\_\_\_  
(last) (first)

---

---

**R<sub>x</sub>**

CHECK HERE TO MANUFACTURE CERAMICS OR FULL CAST USING CAD/CAM

Enclosed with case:     Impressions     Models     Bite     Photos

Other: \_\_\_\_\_

Shade: \_\_\_\_\_

Signature \_\_\_\_\_

---

---



**CB Dental Laboratories, LLC**

2601 Dekalb Pike · 2nd Floor · East Norriton, PA 19401

Phone: 610-272-5103 · Fax: 610-272-8664

email: [Kdaley@cooleybentzdental.com](mailto:Kdaley@cooleybentzdental.com)