

Information in the blue frame are the basic necessary information to start the case.



Phone: (604) 320-2530
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Today's Date: DD / MM / YY

Dr. _____ **Phone:** _____

Office: _____

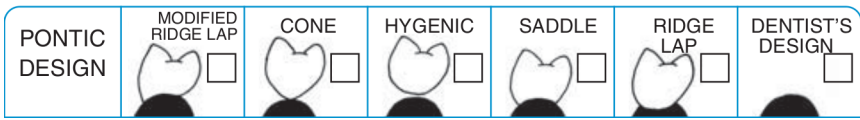
Patient First Name: _____
 Last Name: _____

Return Date: DD / MM / YY ____am ____pm
 Please check the chart in price list for the return date

Shade _____ Stump Shade _____

Checklist

- Impression
- Bite
- Opposing
- Shade
- Shade after prep
- Pre-op impression
- Photos
- Bite Stick



R

FOR LAB USE ONLY

Case #: _____

Start _____am _____pm Model _____am _____pm Wax _____am _____pm Metal _____am _____pm Porcelain _____am _____pm Polish _____am _____pm

Porcelain _____ Solder _____ Metal _____ Metal Weight _____ gr. Wax Weight _____ gr. ingot _____

DUE _____

CASE _____