SeaBrook

7125 224 St. SW, Edmonds WA 98026

425-776-7718 800-693-7487 fx 425-771-5158 info@seabrookdentallab.com www.seabrookdentallab.com

Date 20	Date 20
Doctor	Doctor 20
Address	Address
Telephone ( )	Telephone ( )
Deliver to:	Deliver to:
PATIENT'S FULL NAME (IMPORTANT - PLEASE PRINT)	PATIENT'S FULL NAME (IMPORTANT - PLEASE PRINT)
CROWN & BRIDGE'	REMOVABLES
Due Date / time	Due Date / time
Shade:	Upper Lower
Tooth #	MAX. Shade MAND.
Stump Shade  Digital shade match or photos	B man g bong
Age 🗆 Male 🗆 Female	
E.max Zirconia Gold	
Solid E.max	Age
Layered E.max Solid Zircoia High Noble	Nightguards Dentures/Partials
Layered Zirconia	Digital Flexible Nightguard     Impression Tray
Porcelain Fused to Metal: IMPLANTS	Suckdown Retainer     Suckdown Retainer     Bite Block
White – High Noble Brand	Shoreguard 🛛 Setup
Vellow – High Noble Platform Size	Essix Finish
🗆 White – Noble	Upper Lower
□ Non Precious	Notes
PONTICS PONTICS PONTICS PONTICS PONTICS PONTICS	
MARGIN DESIGN	
Porcelan shoulder A Metal porc. junction Porcelan shoulder I Metal porc. junction	
Occlusal Staining:	
□ Would like a phone call regarding: Instructions:	
Dr. Signature License #	Version 7.19 Dr. Signature License #
Dr. Signature License #	Dr. Signature License #

Person signing this work form accepts sole responsibility and business is responsible for payment, agrees to pay all legal and collection even of a lawsuit. All accounts are due within 30 days of statement date. Any account not paid within the stated terms will be subject to COD account status and a 1.5% NON-REFUNDABLE late charge per month.