www.rgdentallabs.com 205-550 Alden Road Markham, ON L3R-6A8 Office: 905-415-0040 Email: office@rgdentallabs.com  LAB CODES Office Use Only	Doctor: Phone: Address:  Patient: Age: Address:  METAL TRAY-IN BISCQUE BAKE TRAY-IN					Order Date : Due Date :  CHECK ONE  EMAX  FULL CONTOUR ZIRCONIA  LAYERED ZIRCONIA  PFM  FULL CAST CROWN  METAL PORCELAIN MARGIN  METAL MARGIN ( mm)  PORCELAIN BUTT MARGIN		
						1 BROAD	2 NORMAL	3 POINT
					<u>.</u>	X	$\Omega$	$\mathcal{I} \mid \mathcal{I}$
	Signature: _		D.D.S. Lice	ense#:		SHADING		
	Date Received:	Sch.ShipDate	Invoice No.	Tech Init	Date Shipped		RIGHT	LEFT LOWER
	Impression:	Bite Art	UM	LM	Misc.	UPPE	ER ELEFT	Anno E
	FOR OFFICE	L picture to: 0						