

# BILL'S LAB

Bill Atkission Dental Ceramics

2125 El Camino Real #101A • Oceanside, CA 92054  
 (760) 966-0410 • billslab.com • billatkission@billslab.com

Doctor: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Patient's Name: \_\_\_\_\_ Lab Finish Date: \_\_\_\_\_

**TYPE OF RESTORATION**

- PORCELAIN TO PRECIOUS
- PORCELAIN TO SEMI-PRECIOUS
- CERPRESS
- GOLD

**CEREC inLAB RESTORATION**

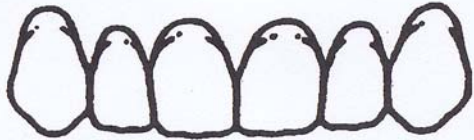
- inVIZION (YZ)
- MARK II
- TRILUXE
- OTHER

**BUCCAL MARGIN DESIGN**

- PORCELAIN JUNCTION
- PORCELAIN MARGIN (BUCCAL ONLY)
- PORCELAIN MARGIN 360°

**PLEASE SEND**

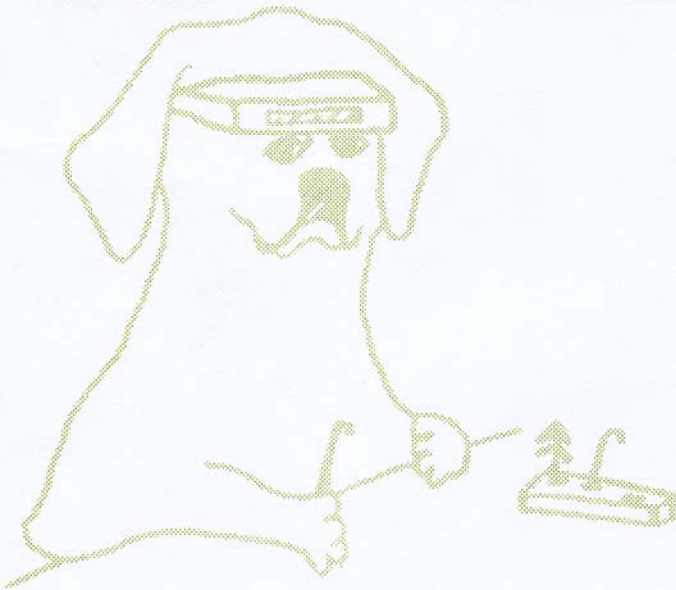
- RX FORMS
- BAGS
- MAILING LABELS



**R**

INSTRUCTIONS

SHADE \_\_\_\_\_



**METAL DESIGN**

- |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| NO COLLAR                | STANDARD                 | 360° METAL COLLAR        |
| <input type="checkbox"/> | <input type="checkbox"/> |                          |
| METAL OCCLUSAL           | METAL LINGUAL            |                          |

NOTE: PLEASE SEND A STUDY MODEL ON ALL WORK INVOLVING ANTERIOR TEETH.  
 EMAIL ADDITIONAL DIAGNOSTIC INFORMATION TO: billatkission@billslab.com

Personal Signature \_\_\_\_\_ D.D.S.

License No. \_\_\_\_\_ Date \_\_\_\_\_

# BILL'S LAB

Bill Atkission Dental Ceramics

2125 El Camino Real #101A • Oceanside, CA 92054  
 (760) 966-0410 • billslab.com • billatkission@billslab.com

Doctor: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Patient's Name: \_\_\_\_\_ Lab Finish Date: \_\_\_\_\_

**TYPE OF RESTORATION**

- PORCELAIN TO PRECIOUS
- PORCELAIN TO SEMI-PRECIOUS
- CERPRESS
- GOLD

**CEREC inLAB RESTORATION**

- inVIZION (YZ)
- MARK II
- TRILUXE
- OTHER

**BUCCAL MARGIN DESIGN**

- PORCELAIN JUNCTION
- PORCELAIN MARGIN (BUCCAL ONLY)
- PORCELAIN MARGIN 360°

**PLEASE SEND**

- RX FORMS
- BAGS
- MAILING LABELS



**R**

INSTRUCTIONS

SHADE \_\_\_\_\_



**METAL DESIGN**

- |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| NO COLLAR                | STANDARD                 | 360° METAL COLLAR        |
| <input type="checkbox"/> | <input type="checkbox"/> |                          |
| METAL OCCLUSAL           | METAL LINGUAL            |                          |

NOTE: PLEASE SEND A STUDY MODEL ON ALL WORK INVOLVING ANTERIOR TEETH.  
 EMAIL ADDITIONAL DIAGNOSTIC INFORMATION TO: billatkission@billslab.com

Personal Signature \_\_\_\_\_ D.D.S.

License No. \_\_\_\_\_ Date \_\_\_\_\_