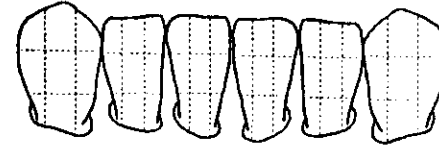
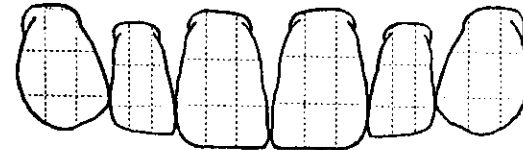


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 sloandentalstudio@hotmail.com

Shade _____
 Characterization (if any) _____



Date _____

Doctor _____
 Address _____
 Phone _____
 Patient _____
 Male / Female _____ Age _____

Next Appointment
 Date _____ Day _____ Time _____ am pm

INSTRUCTIONS

Porcelain on Gold	<input type="checkbox"/>	Gold Cast Crown	<input type="checkbox"/>
Porcelain on Semi-Prec. Metal	<input type="checkbox"/>	Non-Prec. Cast Crown	<input type="checkbox"/>
Porcelain on Non-Prec. Metal	<input type="checkbox"/>	Semi-Prec. Cast Crown	<input type="checkbox"/>
Porc. occlusal	<input type="checkbox"/>	Contacts: (Please Circle)	
Metal occlusal	<input type="checkbox"/>	OPEN	
Metal Collars	<input type="checkbox"/>	CLOSED	
Survey Crown	<input type="checkbox"/>		

RIDGE RELIEF: (Please Circle)

NONE SLIGHT
 MED. HEAVY

HT Zirconia	<input type="checkbox"/>
AT Zirconia	<input type="checkbox"/>
PFZ	<input type="checkbox"/>
e.max	<input type="checkbox"/>

PONTIC DESIGN (Please Circle)



Signature _____
 License No. _____