

C D A
MILLING CENTER

Date: _____ Case ID: _____

Laboratory Name: _____

Doctor Zip Code: _____

Patient Name: _____

Tooth/Bridge No.(s) _____ Shade: _____

Tooth/Bridge No.(s) _____ Shade: _____

Tooth/Bridge No.(s) _____ Shade: _____

Lab Contact: _____

Lab Phone Number: _____

Coping Thickness:

Anterior: (0.4 to 2.00mm) (*0.5)

Tooth# _____ Tooth# _____ Tooth# _____

Posterior: (0.5 to 2.00mm) (*0.5)

Tooth# _____ Tooth# _____ Tooth# _____

Please send this form with removable pinned and separated working model, opposing, and bite registration as needed to: CDA Milling Center, 7727 40th St W., University Place, WA 98466. Any questions, please call us at 253-565-3248 or 1-888-320-4232 or visit our website at www.cdamilling.com.

NOTES:

PLEASE NOTE:

- Trim die with subtle curve under margin
- Do not seal or paint die and do not mark margins
- Block out undercuts and defects in preparation
- Ask us to use "wax knife" when needed to support porcelain