

Yola

Dental Laboratories. LLC

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Email : info@yoladental.com

Date Prepared

Due Date

*please allow 10 days (in-lab)

Dr. Name _____

Patient _____

PFM Porc. Fused to METAL

Full Metal Crown

- Base (B)
- Noble (N) "Semi"
- High Noble (HN)

Metal Collar

Metal Occlusal

Metal Lingual

PFZ Porc. Fused to Zirconia

FCZ Full Contour Zirconia

- Zirconia Occlusal
- Zirconia Lingual

Inlay / Onlay / Veneer

Porcelain Butt Margin

TRY-IN Metal Bisque Bake

Implant

Implant Brand _____

Implant Size _____

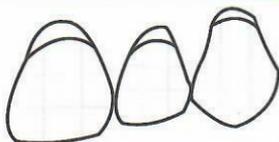
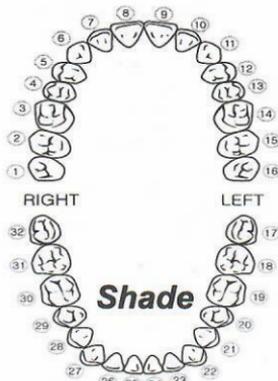
Abutment Preferred

Stock

- Titanium
- Zirconia

Custom

- Titanium
- Zirconia



Occlusal Staining Light Medium Dark

Lithium Disilicate (e.max)

Lab Please Call

Preferred means of communication : Phone _____

E-mail _____