



Lewis Dental Laboratory

LEWDENCO INC.

Robert E. Lewis, AAS, CDT

4605-3 Franklin Avenue • Wilmington, NC 28403
Business (910) 395-4133 •
(888) 428-5551 • Fax (910) 395-4919
www.lewisdentallab.com

Patient's Name _____

Age _____

Metal to be used:

Gold Non-Precious Semi-Precious

Masculine

Feminine

CROWN AND BRIDGE WORK

Should have 360 band°

Should have NO band at gingival

Should have a narrow band on lingual only

Should have porcelain butt margin

Should have full metal lingual

Shade _____

Implant Brand _____

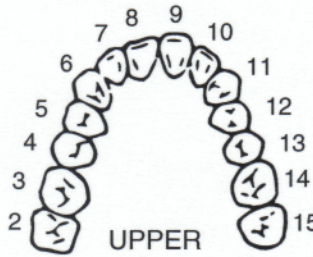
Implant Platform Size _____

Try-In Date _____

Finish Date _____

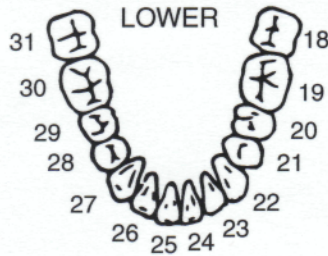
Time _____

Please do not schedule patient
on same day as above return date.



RIGHT

LEFT



Date _____

Authorized Signature _____

License No. _____