

Lab Use**PAN#****Case#****Estimated Return Date:****CASE ENTRY**

DR. _____

DATE:

OFFICE _____

PATIENT:

Last Name

First Name

CLASSIC SHADE:

A1 A2 A3 A3.5 A4 B1 B2 B3 B4 C1 C2 C3 D2 D3 D4

GENDER:

Male

Female

Age:

KNOWN ALLERGIES MEDICAL
CONDITION/MEDICATIONS:**SEND TO LAB DATE:**

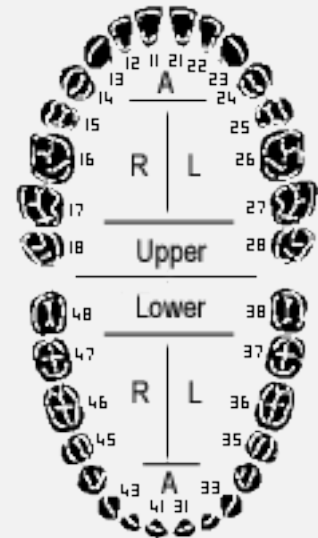
Date you intend to send this case

RETURN DATE:CASES STATUS AND ESTIMATED
DELIVERY AVAILABLE IMMEDIATELY
FOR CASES INPUTTED ONLINE
WWW.BDADENTALSTUDIO.COM

BDS operates on **first come, first served basis** and has a **capacity-based scheduling** for all cases. It is our promise that the same quality craftsmanship goes into every case, this takes time. Your patience is greatly appreciated.

Same Day/RUSH cases – Limited availability please call to schedule
(441) 543-0002

INSTRUCTIONS:

**CASE PRODUCTS****PRODUCT****Tooth# /Arch**