



JUNE CERAMIC STUDIO

13825 Cerritos Corporate Dr. Suite C, Cerritos, CA 90703

tel (714) 521-7225 • fax (714) 521-7212

email technical@juneceramic.com

web www.juneceramic.com

LAB USE ONLY



Dr. _____ Account No. _____
PLEASE PRINT CLEARLY OFFICE / LOCATION

Patient _____ Age _____ Female Male
LAST NAME FIRST NAME

Rx Date _____ Finish Date _____

IMPLANT

- Choose one
 - Custom
 - Authentic
- Choose one
 - Titanium
 - Zirconia
- Choose one
 - Screw Retained
 - Cementable

e.max (monolithic) *please provide stump

Layered e.max (*extra)

Layered Zirconia

Esthetic Full Zirconia

PFM **FMC**

Non-Precious Non-Precious

Semi Semi

White White

Yellow Yellow

Upper Lower

Full Denture

Partial Denture w/ Vitallium

Valplast

Valplast Unilateral

Valplast Combo w/ Vitallium

Stayplate

• Nightguard

- Combo
- Hard
- Soft

Repair

Reline

Rebase

Ortho Retainer

Clear

Hawley

IF NO OCCLUSAL CLEARANCE

Metal Margin

Porcelain Butt Margin

Metal Occlusion

Metal Lingual

Spot Opposing

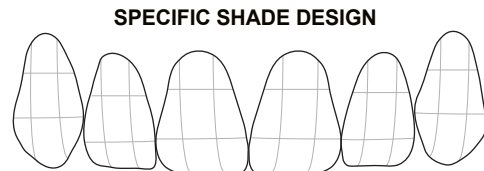
Spot Prep.

Reduction Coping

Shade _____

Stump _____

Rx SPECIFIC INSTRUCTION



Signature _____ DDS License # _____



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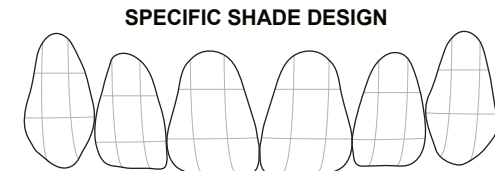
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