





Alexander Dental Designs, Inc.
 21999 Van Buren St. #4 • Grand Terrace, CA 92313
(909) 872-0396

Date _____ Due by 5PM on _____

Doctor _____

Address _____ City _____

Patient _____ M F Age _____

M Try In	Shade	
Bisque Try-In		
<p>Gold</p> <p><input type="checkbox"/> Reg. <input type="checkbox"/> Econ. <input type="checkbox"/> Non-Precious</p> <p>Pontic Design</p> <p>  </p> <p>Ceramics</p> <p><input type="checkbox"/> Full Coverage <input type="checkbox"/> Metal Occlusal <input type="checkbox"/> Metal Margin <input type="checkbox"/> Precious <input type="checkbox"/> Non-Precious</p>		<p>Personality :</p> <p><input type="checkbox"/> Vigorous <input type="checkbox"/> Medium <input type="checkbox"/> Delicate</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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Dr's Signature		Lic. #