




# Bay View Dental Laboratory, Inc.

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Serving the Dental Profession since 1948  
 Certified Dental Laboratory  
 National Association of Dental Laboratories

Vernon H. Shafer, Sr., CDT  
*Consultant*  
 Vernon H. Shafer, Jr., CDT  
 Richard M. Shafer, CDT

Patient				Date Started			
Alloy  _____  _____  _____		Frame Design <input type="checkbox"/> Full Coverage <input type="checkbox"/> Metal Proximal Struts <input type="checkbox"/> Metal Occlusal Island <input type="checkbox"/> 3/4 Metal Occlusal/Ling <input type="checkbox"/> Full Metal Occlusal <input type="checkbox"/> Full Cast Crown		Margin Design <input type="checkbox"/> Porcelain Margin <input type="checkbox"/> No Facial Collar <input type="checkbox"/> No Lingual Collar <input type="checkbox"/> Small Facial Collar <input type="checkbox"/> Wide Facial Collar		Return for Die Trim <input type="checkbox"/>  Call Doctor <input type="checkbox"/>	Metal Try-in <input type="checkbox"/> Bisque Bake <input type="checkbox"/> Finished <input type="checkbox"/> <div style="border: 1px solid red; padding: 5px; margin-top: 5px;">                     DUE DATE _____                 </div>

Description of Work:

**Please Schedule Patient  
TWO DAYS AFTER DUE DATE**

SHADE AND CHARACTERIZE AS SHOWN ABOVE

D.D.S.

Signature \_\_\_\_\_ License No. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

CONFORMS TO THE DENTAL PRACTICE ACT OF VIRGINIA