



FUTURE SMILES
Dental Laboratory

LAB SHEET

DENTIST:..... DATE:...../...../.....

PATIENT:.....

SURGERY:.....

DUE DATE:...../...../.....

TIME:.....

PLEASE TICK

- PFM
- FGC
- POST AND CORE
- EMPRESS

- IMPLANT
- ONLAY/INLAY
- DIAGNOSTIC WAX UP
- OTHER

- VENEER
- ZIRCONIA
- EMAX

INSTRUCTIONS

SHADE:.....

