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Doctor _____ Date _____
 License No. _____ Patient _____
 Phone _____ Gender _____ Age _____
 Address _____ Type of Restoration _____
 City/State/Zip _____ Type of Alloy: (Please Circle) Non-Precious Precious
 Description _____

VITA-LUMIN _____ VITA 3-D _____
 CHROMOSCOPE _____ BIOFORM _____ Signature _____



Patient Appointment	
Date: _____	Time _____:_____

FOR OFFICE USE ONLY

Enclosed: _____ Model(s) _____ Impression(s) _____ Bite(s) _____ Partial _____ Other	Implants: _____ Imp. Post(s) _____ Analog(s) _____ Abutment(s) _____ Implant Alloy _____ Other	Department: _____ ARTC _____ Model & Die _____ Waxing _____ Finishing _____ Porcelain
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