



McDowell + Service

Dental Laboratory Ltd.

Patient Name

Patient Shade

Patient Sex

Male

Female

Customer Order Information

Date Required

Dentist Name

Address or Acc No.

E-mail Address

Phone Number

**Type of
Restoration**

Implant

Zirconia

e.Max

Composite

Temporary

Bridge

ArtiZan Zi

ArtiZan Translucent Zi

Veneer

Maryland

Evolution-Z (pfz)

BJC

**Notes: Staining,
Occlusion etc.**

Type of Implant

Implant Material

Titanium
Zirconia

Implant Size

Narrow
Regular
Wide Neck

CadCam@McDowell-Service.com

www.McDowell-Service.com