



# McDowell + Service

## Dental Laboratory Ltd.

**Patient Name**

**Patient Shade**

**Patient Sex**

Male

Female

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**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

Fortress Zi

Translucent Fortress Zi

Veneer

Maryland

Porcelain Fused to Zr

BJC

**Notes: Staining,  
Occlusion etc.**

## Type of Implant

### Implant Material

Titanium  
Zirconia

### Implant Size

Narrow  
Regular  
Wide Neck

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[Jay@McDowell-Service.com](mailto:Jay@McDowell-Service.com)

[www.McDowell-Service.com](http://www.McDowell-Service.com)