## INSTRUCTIONS

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LIVE CERAMICS
DENTAL LABORATORY

Suite 1111 Southport Central
1B Commercial
56 Scarborough Street
Southport QLD 4215
**tel** (07) 5591 6949
**mob** 0421 994 431
**email** info@liveceramics.com
www.liveceramics.com

**DATE** ..... /..... /.....

**DOCTOR** .....

**PATIENT** .....

**PROSTHESIS** .....

**SHADE** ..... **STUMP SHADE** .....

**PHOTOGRAPHIC SHADE FROM DOCTOR**

☐ **YES** ☐ **NO**

Please e-mail photos to liveceramics1@gmail.com

**SHADE DATE AT LIVE CERAMICS** ..... /..... /.....

**TRY IN DATE** ..... /..... /.....

**FINISH DATE** ..... /..... /.....

**IMPLANT**

**SYSTEM NAME** .....

**SIZE** .....

**OFFICE USE ONLY**

| INVOICE NO | DATE IN | | DATE OUT | |
|---|---|---|---|---|
| ITEM | QUANTITY | | DATE | INITIALS |
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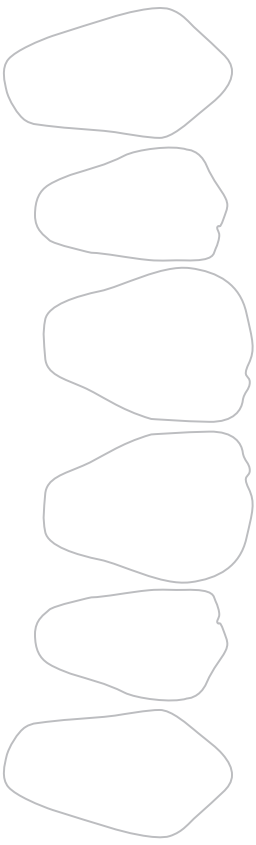
**STUMP SHADE**

**BASIC SHADE**