



NAGY DENTAL LAB

Crafted with Quality & Pride

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DOCTOR _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE # _____

PATIENT'S NAME _____

SEX M F AGE _____ TEETH # _____

DATE WANTED _____ METAL TRY-IN AM PM

DENTIST SIGNATURE _____

DATE _____ DENTIST LICENSE NO. _____

MARGINS :
SMALL LABIAL
OR BUCCAL
BAND OF METAL

YES NO

CHARACTER STAINING (Diagram)



SHADE _____ GUIDE ENCLOSED

RIDGE RELIEF :
 NONE SLIGHT
 MEDIUM HEAVY

CONTACTS :
 OPEN CLOSED

METAL OCC.
or
 FULL
COVERAGE

PONTIC DESIGN

