



KING DENTAL ARTS

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Email: beautifulanteriors@gmail.com

*"Highly Esthetic and
Functional Restorations"*

Patient _____ Date _____ Case # _____

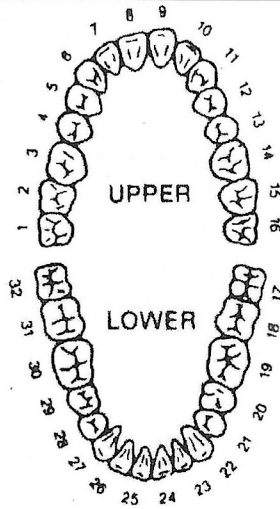
Male Female Age _____ Photos Enclosed or e-mailed _____

Shade _____ Prep Shade _____ Shade Tab Enclosed

- All Ceramic
- Full Contour Zirconia Emax
- High Strength
Must be used for bridges
- Translucent Esthetic
For crowns with 1 mm or more occlusal clearance

Tooth No.

Additional Instructions



Please Schedule Patient
2 Days After Due Date

DATE REQUESTED

ACTUAL APPT.

Date	Time
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Signed Dr. _____

Address _____

City _____ State _____ Zip _____

Please send: Prescription Forms Labels Boxes