



# PHILIP EXCEL DENTAL LAB

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**Evangeline Philip, CDT**

Doctor \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Shade \_\_\_\_\_

\_\_\_\_\_ Finish Date \_\_\_\_\_

Patient's Name \_\_\_\_\_

Try in:

Type of Restoration \_\_\_\_\_

Metal     Bisque Bake

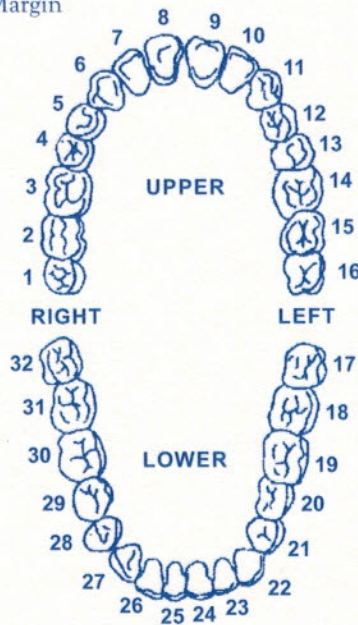
Type of Metal \_\_\_\_\_

check one of the following:

Facial/Buccal Band     Porcelain to Shoulder Margin

DR. Trims Dies

Instructions:



Signature \_\_\_\_\_ License No. \_\_\_\_\_