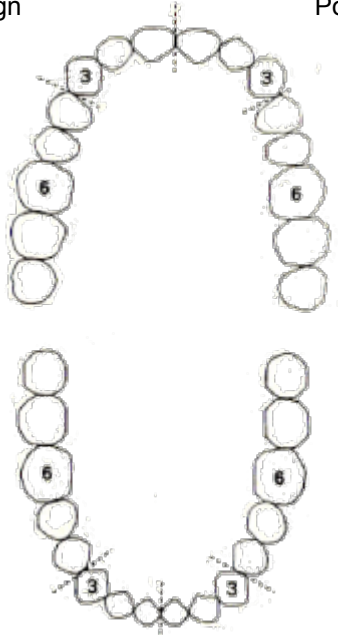
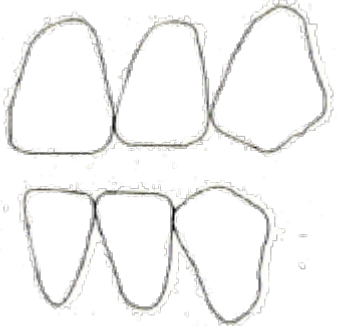


Dental lab order form			Issue date (dd/mm/yyyy)	/ /		No.	
Order Form	Complete	Trial test	Dental clinic name				
	Arrangement	Modification	Address				
	Remake		Name of dentist in charge				
Patient name			Male Female Years Old	Delivery date (dd/mm)	/	AM•PM ( : )	
Prosthesis	Full Zirconia Crown	Single crown	Opposing tooth Yes/No	Bite Yes/No	Reference model Yes/No	Tray Yes/No	
	Full Zirconia Enamel	Coupling					
	Zirconia Premium	Vital					
		Pulpless					

Design	Position	Instruction	<p>Top</p> <p>Left <table border="1"> <tr><td>E</td><td>D</td><td>C</td><td>B</td><td>A</td><td>A</td><td>B</td><td>C</td><td>D</td><td>E</td></tr> <tr><td>8</td><td>7</td><td>6</td><td>5</td><td>4</td><td>3</td><td>2</td><td>1</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td></tr> <tr><td>8</td><td>7</td><td>6</td><td>5</td><td>4</td><td>3</td><td>2</td><td>1</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td></tr> <tr><td>E</td><td>D</td><td>C</td><td>B</td><td>A</td><td>A</td><td>B</td><td>C</td><td>D</td><td>E</td></tr> </table></p> <p>Right</p>		E	D	C	B	A	A	B	C	D	E	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	E	D	C	B	A	A	B	C	D	E	Shade
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E	D	C	B	A	A	B	C	D	E																																																
																																																									
			<p>Dental technician's office name</p> <p><b>ANSWER</b> DENTAL LABORATORY</p> <p>ANSWER INC. A Build 2F 4-Chome-11, Iso, Urasoe-shi, Okinawa, Japan 901-2132 TEL•FAX:(+81)98-879-6421</p>																																																						