



JUNE CERAMIC STUDIO

13825 Cerritos Corporate Dr. Unit C, Cerritos, CA 90703

tel (714) 521-7225 • fax (714) 521-7212

email technical@juneceramic.com

web www.juneceramic.com

LAB USE ONLY



Dr. _____ Customer ID _____
PLEASE PRINT CLEARLY OFFICE / LOCATION

Patient _____ / _____ Age _____ Female Male
LAST NAME FIRST NAME

Rx Date _____ Finish Date _____ / _____ / _____

Implants Custom Titanium Abutment
 Custom Zirconia Abutment
 Cementable
 Screw Retained

IPS e.max (*Please provide stump)

Layered Zirconia

Esthetic Full Zirconia / BruxZir

PFM Semi White
 Yellow Non-Precious

FMC Semi White
 Yellow Non-Precious

Upper **Lower**

Full Denture
 Partial Denture w/ Vitallium
 Valplast
 Valplast Unilateral
 Valplast Combo w/ Vitallium
 Stayplate
 Nightguard _____

Repair
 Reline
 Rebase
 Ortho Retainer
 Clear
 Hawley

IF NO OCCLUSAL CLEARANCE

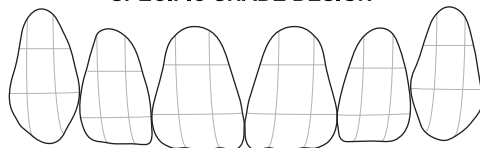
Metal Occlusion
 Metal Lingual
 Spot Opposing
 Spot Prep.
 Reduction Coping

Metal Margin
 Porcelain Butt Margin

Shade _____
 Stump _____

Rx SPECIFIC INSTRUCTION

SPECIFIC SHADE DESIGN



Signature _____ DDS License # _____



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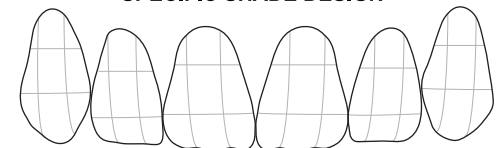
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