

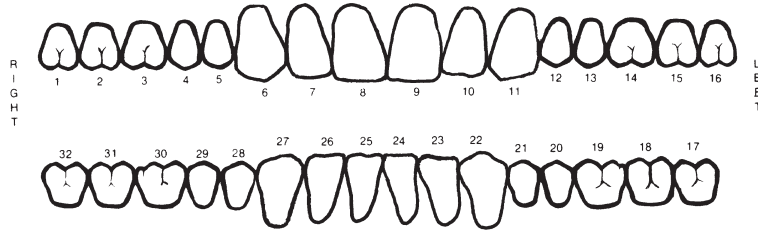
doctor (last, first)

date

pan number

route

patient (last, first)



age \_\_\_\_\_

sex \_\_\_\_\_

shade/mould

restoration

type

due date

date

appt.  
time

\*Note: 5pm unless  
otherwise specified

instructions:

doctor's signature

license no.

doctor's address

phone no.

**nakanishi**  
DENTAL LABORATORY, INC.  
*Intentionally Different*  
2959 Northup Way, Bellevue, WA 98004

800.735.7231  
425.822.2245 call/text  
team@nakanishidentalab.com

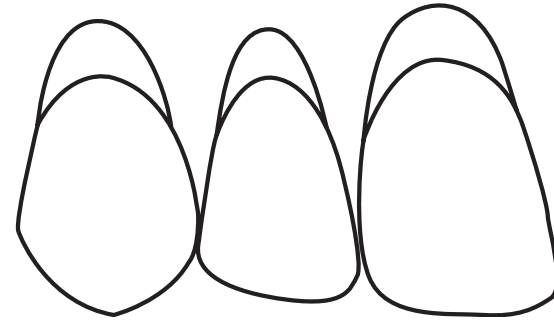


CERTIFIED  
DENTAL  
LABORATORY

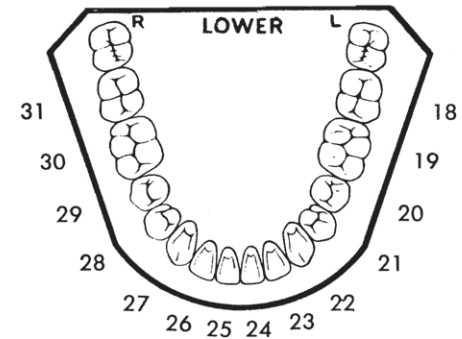
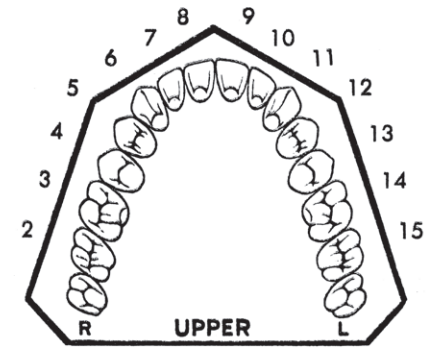


NDL 039  
Rev. 6/19

### SHADE DIAGRAM



### CASE DESIGN



driver

date

am

pm