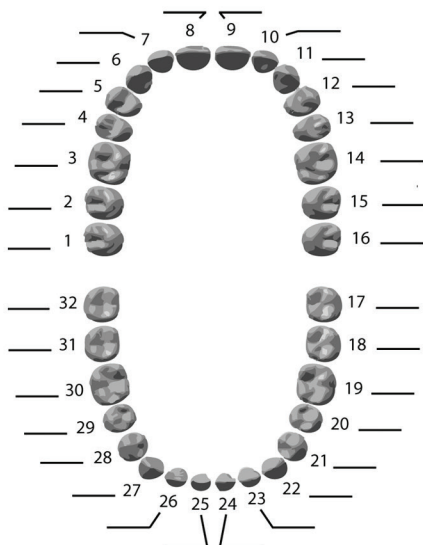


Print and Send To:

AMS DENTAL
TECHNOLOGIES

via UPS / Fedex / DHL
AMS Dental Technologies
80 Towncenter Drive
University Park, IL 60484
(708) 746-5730

via US Postal Service
AMS Dental Technologies
c/o United Dental Resources
PO Box 333
Crete, IL 60417



Identify Tooth Number and Desired Shade

Ditch dies
to identify
margins.

Do Not
Over Ditch.



Send pinned and sectioned modelwork with dies
ditched similar to the illustration. Do not paint or
treat with die hardener. Do not block out with wax
or any other glossy substance.

Items enclosed in shipment:

____ Model Upper ____ Impression
____ Model Lower ____ Bite
____ Single Die ____ Articulator

Please Indicate Coping or
Full Contour for each tooth.

☐ Coping _____
☐ Full Contour _____
☐ Custom Abutment _____

Restoration Instructions:

Patient Name: _____

Date Due: _____

Additional Instruction: _____

Lab Name: _____

Contact: _____

Address: _____

Phone: _____

Email: _____
