



Patient Treatment – Lab Submission Form

Date: _____

Dentist Name: _____

License Number: _____ State: _____

Office Phone #: _____ Ext: _____

Office Address: _____

Preferred Email: _____

Patient Name: _____

Approved Lab Treatment: Crown(s): _____

Crown Material: _____

Bridge(s): _____

Bridge Material: _____

RPD(s): _____

RPD Material: _____

Providing Lab: Bayshore Dental Studio

501 E Jackson St. Tampa, FL 33602

Phone: (877) 540-4150

Fax: (813) 336-2132

Submit To: Amy Masri, DMD

Implant Consultant

Phone: (877) 954-6243

amymasridmd@bayshoredentalstudio.com