

COMPANY NAME _____

DENTIST NAME _____ DATE _____

ADDRESS _____

CITY _____ STATE _____ POSTCODE _____

PHONE _____ FAX _____

EMAIL _____

PATIENT NAME _____

PATIENT TRY-IN DATE _____
(minimum 10 working days turnaround time)

PATIENT FINAL APPOINTMENT DATE _____
(minimum 10 working days turnaround time)

REMOVABLE PROSTHETICS

Cast Metal Partial

- Mandibular or Maxillary Frame Only
- Complete
- Vitallium (Frame Only)
- Vitallium Complete

Non-Metal Partial

- Valplast Complete
- Valplast w/ Vitallium Subframe
- TCS (Valplast)
- TCS w/Vitallium Subframe

Stages

- Wax-up
- Process/Finish

Acrylic Flippers (Teeth)

- 1-3 teeth
- 4-6 teeth
- 7-9 teeth
- 10-13 teeth
- Full Denture

Extras

- Thermoflex Clasps
- Custom Tray (Special Tray)
- Bite Block

Full Denture

- High Impact Complete
- High Impact Wax Try In
- High Impact Process/Finish
- Per card of premium teeth

OFFICE USE ONLY

Patient name _____

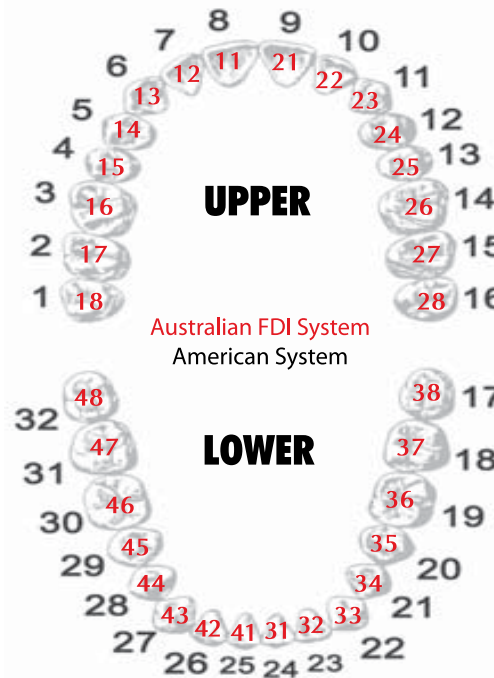
Lab work out _____

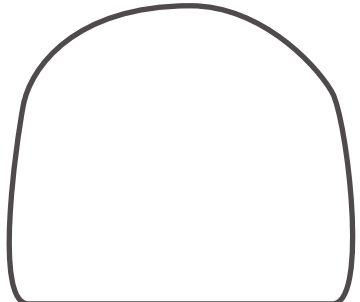
Lab work in _____



Integrated
Dental
Laboratories

R CIRCLE TEETH RELATED TO WORK





Tooth Shade
Shade Guide Name _____
Shade # _____
Teeth # _____

Tissue Shade (tick preference)

- Light Pink
- Pink
- Ethnic

Instructions: