

Lab Use Only

Date In _____ Date Out _____



The Denture Lab

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Email: thedenturelab@gmx.com

Patient: _____ Date Sent: _____

Doctor: _____ Due Date/Time: _____

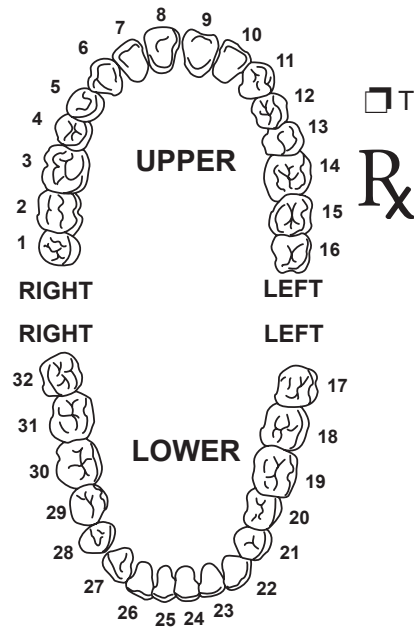
Tooth Shade _____ Tooth Mold: Upper _____ Lower _____ Acrylic Shade _____

Case Design

Maxillary Mandibular

Wax Setup Try-in

Titanium Framework Process & Finish



PLEASE ENCLOSE:

- IMPRESSION(S)
- BITE REGISTRATION
- OPPOSING MODEL OR IMPRESSION
- SHADE AND MOULD
- COMPLETED LAB PRESCRIPTION

Signature _____ DDS

License # _____ Phone # _____

Address _____

INCLUDING DUE DATE City, State, Zip _____