

Doctor:

attach label here

for lab use only
time in: _____
disinfected: _____

Patient Name:

(please print clearly) _____

Confident delivery vehicles leave the lab at 9:00 AM and 2:00 PM. You can expect to receive morning deliveries by 10:30 AM, and afternoon deliveries by 3:30 PM.

CASE NEEDED BY: (mark date and time in boxes)

	Mon.	Tue.	Wed.	Thurs.	Fri.
date					
time AM/PM					

Trial Finish Age: _____ M F Shade: _____

SERVICE REQUESTED: (check all that apply)

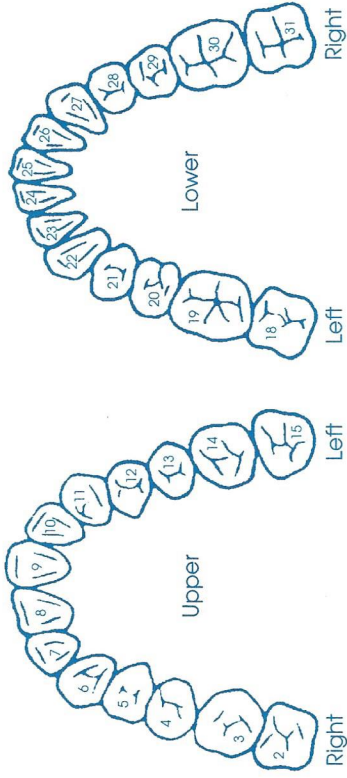
U / L	U	L
Custom Tray-Unperforated	<input type="checkbox"/>	<input type="checkbox"/>
Custom Tray-Perforated	<input type="checkbox"/>	<input type="checkbox"/>
Bite Rim	<input type="checkbox"/>	<input type="checkbox"/>
Full Denture	<input type="checkbox"/>	<input type="checkbox"/>
Immediate Full Denture	<input type="checkbox"/>	<input type="checkbox"/>
Duplicate Denture	<input type="checkbox"/>	<input type="checkbox"/>
Temporary Partial/Flipper	<input type="checkbox"/>	<input type="checkbox"/>
Wrought Clasp Partial	<input type="checkbox"/>	<input type="checkbox"/>
Cast Frame Partial	<input type="checkbox"/>	<input type="checkbox"/>
Flexible Partial	<input type="checkbox"/>	<input type="checkbox"/>
Reline Denture-Hard Acrylic	<input type="checkbox"/>	<input type="checkbox"/>
Reline Denture-Soft Liner	<input type="checkbox"/>	<input type="checkbox"/>
Jump Teeth/Rebase Denture	<input type="checkbox"/>	<input type="checkbox"/>
Repair Fracture	<input type="checkbox"/>	<input type="checkbox"/>
Supply and Replace Teeth	<input type="checkbox"/>	<input type="checkbox"/>
Add Tooth/Teeth to Partial	<input type="checkbox"/>	<input type="checkbox"/>
Add Strengtheners	<input type="checkbox"/>	<input type="checkbox"/>
Solder Clasp or Add Retention	<input type="checkbox"/>	<input type="checkbox"/>
Thermoflex Nightguard	<input type="checkbox"/>	<input type="checkbox"/>
Dual Laminate Nightguard	<input type="checkbox"/>	<input type="checkbox"/>
Acrylic Nightguard	<input type="checkbox"/>	<input type="checkbox"/>
Proform Soft Nightguard	<input type="checkbox"/>	<input type="checkbox"/>
Hawley Retainer	<input type="checkbox"/>	<input type="checkbox"/>
Vacuum Retainer	<input type="checkbox"/>	<input type="checkbox"/>
Athletic Mouthguard	<input type="checkbox"/>	<input type="checkbox"/>
Sleep Appliance/Shoreguard	<input type="checkbox"/>	<input type="checkbox"/>

FOR THESE SERVICES:

Repairs, Acrylic Relines or 1-2 Tooth Flippers	Same Day Service Available
Soft Relines, Flexible Partial Repairs, Bite Rims, Trays or Flippers with clasps or 3 or More Teeth	2 Business Days
Setup Trial in Wax	3 Business Days
Finish Acrylic Dentures or Flexible Partials	5 Business Days
Cast Partial Frameworks	10 Business Days
Orthodontic Appliance	Call for Specifics

PLEASE ALLOW:

Call by 9:00 a.m. for morning pick up. Call by 2:00 p.m. for afternoon pick up



Please Send: Rx Forms Mailing Labels Mailing Boxes

Signature _____ D.D.S.

License No. _____ Date _____

DOCTOR PLEASE RETAIN DUPLICATE COPY