

REMOVABLE / PARTIAL DENTURE



PREMIER DENTAL LABORATORY, L.C.
"Committed to the Enhancement of Your Dental Practice"
 955 Dairy Ashford, Suite 222 • Houston, Texas 77079
(281) 589-6793

FOR OFFICE USE ONLY

CASE NO.		
LOG DATE		
MOD		
PAR		
RIM		
SU		
FIN		
QC		

PATIENT: _____ AGE _____
M / F

DOCTOR: _____

PREP _____ Tryin
 DATE _____ Finish DUE: _____ **5pm**

Setup or Finish allow 5 days plus 2 pu/del days, Cast partial allow 7 days plus 2 pu/del days.
 Call lab if faster turn around is needed.

FINAL SHADE: _____ MOULD: _____

IMPLANT DENTURES:

- Implant Overdenture
- CAD/CAM Overdenture Bar

Implant Parts Enclosed: _____

PARTIAL DENTURES:

- Vitallium Cast Partial
- Valplast Partial
- Vitallium/Valplast Comabination
- Lucitone 199 Acrylic Partial

TEETH:

- IVOCLAR
- VIDENT
- DENTSPLY
- OTHER _____
- Premium
- Standard
- Economy

DENTURES:

- Lucitone 199 Denture complete
- Lucitone 199 T-Plates (Flippers)

Tooth numbers _____
 Wrough Wire Clasp _____

- Bite Rim
- Custom Impression Tray

NIGHT GUARDS:

- Eclipse Heat and Seat Resilient Lined Nightguard
- Processed Acrylic Nightguard (Hard)
- Vaccuum Formed Nightguard (Hard or Soft)
- Sports Guard

REPAIRS:

- Reline (Softliner)
- Reline (Hard)
- Rebase Denture
- Repair _____

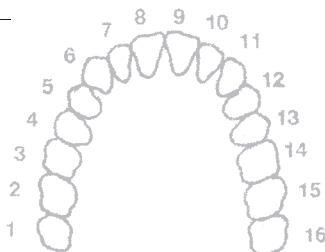
APPLY PATIENT IDENTIFICATION

Special Instructions: _____
 (Tooth numbers)

PLEASE EVALUATE MY PREPS AND IMPRESSIONS

CALL ME

LIC No _____ SIGN. _____ D.D.S.



LEFT

Design Appliance

LEFT

