



# EXPRESS DENTAL LABORATORY™

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# 2001

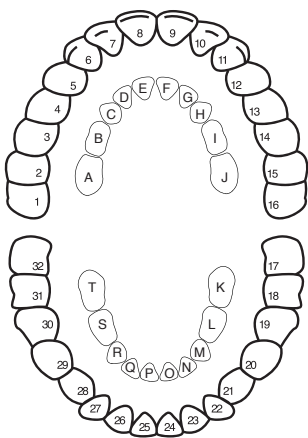
# REMOVABLE

Doctor \_\_\_\_\_ Phone # \_\_\_\_\_  
PLEASE PRINT CLEARLY

Office Name \_\_\_\_\_

Patient \_\_\_\_\_ Sex  M  F Age \_\_\_\_\_

Date \_\_\_\_\_ Due Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_



- WAX RIM
- WAX RIM 6 TEETH
- TRY IN WITH TEETH
- METAL TRY IN
- PROCESS DENTURE

### TOOTH SHADE



- IMMEDIATE DENTURE
- FLIPPER  ACRYLIC PARTIAL
- CUD  CLD
- PUD  PLD
- FLEXIBLE  METAL FRAMEWORK

### GINGIVAL SHADE

- MAUVE  CLEAR
- LIGHT PINK  DARK PINK
- LIGHT REDDISH PINK
- ORIGINAL PINK

### SPLINTS

- HARD
- HARD/SOFT
- FLEXIBLE CLEAR SPLINT

### REPAIR SERVICES

- SAME DAY SERVICE  ADD TOOTH
- RELINE  REPAIR
- REBASE

## IMPLANT SERVICE

IMPLANT BRAND AND PLATFORM SIZE \_\_\_\_\_

- LOCATOR  ALL INCLUSIVE ZIRCONIA  ACRYLIC HYBRID  ALL INCLUSIVE CRYSTAL ULTRA  PMMA PROTOTYPE

### SPECIFIC INSTRUCTIONS

Dr. Signature \_\_\_\_\_ DDS License No \_\_\_\_\_