



EXPRESS DENTAL LABORATORY™

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(405) 217-2282 | XDentalLab.com

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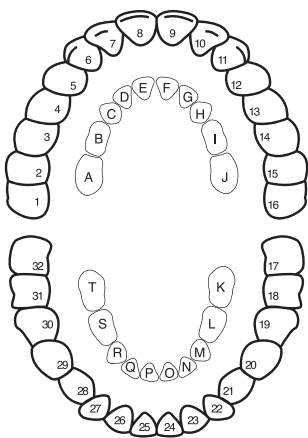
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Doctor _____ Phone # _____
PLEASE PRINT CLEARLY

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 _____