Divine Dental Lab

Removables and Implants

CALL FOR PICKUP 719-750-8416 www.divinedentalcos.com

Divinedentalcos@gmail.com

OFFICE: _____ DATE: _____

DOCTOR: _____ DUE: _____

PATIENT:_____ PT. NEXT APPOINTMENT DATE: _____

- ☐ Upper: _____
- ☐ Lower: _____
- ☐ Full Denture (CIRCLE ALL THAT APPLY) **Standard** **Premium** **Immediate** **Over Denture**
- ☐ Partial (CIRCLE ALL THAT APPLY) **Immediate** **Flipper** **Acrylic w/ Claps** **Flexible** **Cast Metal**
- ☐ Repair (CIRCLE ALL THAT APPLY) **Simple/Reset Tooth** **Complex/New Tooth** **Add Clasp**
- ☐ Reline (CIRCLE ONE) **Hard** **Soft** **Permanent Soft (Molloplast B)**
- ☐ Rebase
- ☐ Wax Rim *Please mark Midline, Central Incisal Line, Distal Cuspid, High Smile Line, Etc. in wax at appt
- ☐ Try-In
- ☐ Process/Finish

Tooth Shade: _____ **Tissue Shade**: (CIRCLE ONE) Original Pink Light Meharry Dark Meharry

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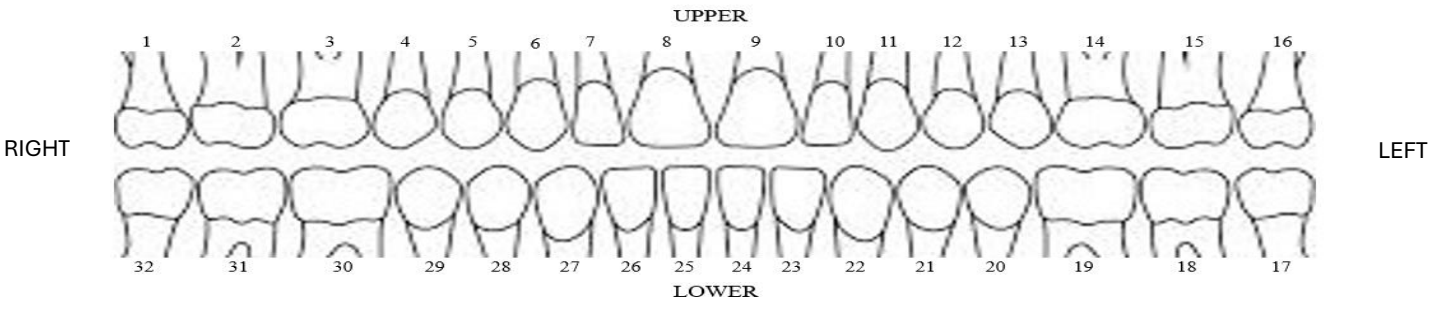
Other

☐ Retainer ☐ Essix Retainer ☐ Bleaching Trays ☐ Custom Tray

☐ Night Guard (CIRCLE ONE) **Soft** **Hard** **Dual (Hard/Soft)**

☐ Add Identifier (CIRCLE ONE) **Name (e.g.- J.Doe)** **Phone Number (e.g. - 719-123-4567)**



INSTRUCTIONS:

DR SIGNATURE: _____ LICENSE #_____