



Phoenix Dental Laboratory

184 Hidden Creek Drive

Somerset, KY 42503

606-425-6499

Lab Reg. # L0008

Dr. _____

Address: _____

License #: _____

Patient: _____

Today's Date: _____ Date Due: _____

Check appropriate boxes:

- | | | | |
|---|-------------------------------------|--|--|
| <input type="checkbox"/> Full Upper | <input type="checkbox"/> Full Lower | <input type="checkbox"/> Partial Upper | <input type="checkbox"/> Partial Lower |
| <input type="checkbox"/> Transitional Partial | | <input type="checkbox"/> Partial Framework | |
| <input type="checkbox"/> Custom Tray | | <input type="checkbox"/> Bite Rim | |
| <input type="checkbox"/> Try-In Shade _____ | | <input type="checkbox"/> Finish | |
| <input type="checkbox"/> Repair | | <input type="checkbox"/> Reline | |

Select Grade of Denture:

- | | | |
|----------------------------------|-----------------------------------|----------------------------------|
| <input type="checkbox"/> Premium | <input type="checkbox"/> Standard | <input type="checkbox"/> Economy |
|----------------------------------|-----------------------------------|----------------------------------|

Instructions:

Dentist Signature: _____