



PRECISION DENTAL LAB, INC.

8399 Topanga Canyon Blvd., Suite 302 • Canoga Park, CA 91304

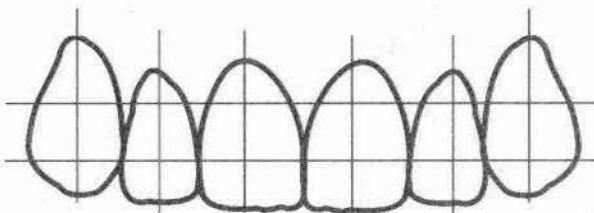
818-676-0518 • Fax 818-676-0315

Dr: _____ Date _____

Patient _____ Male Female Age _____

Due Date _____ AM PM Shipped _____

INSTRUCTIONS:



SHADE _____

ENCLOSED:

MASTER MODEL IMPRESSIONS PHOTO OPPOSING MODEL BITE

OTHERS: _____

PONTIC DESIGN



FULL
RIDGE



PARTIAL
RIDGE



NO
RIDGE



POINT
CONTACT



NO
CONTACT



Dr's. Signature _____ License # _____

TERMS: NET 30 DAYS; 2% SERVICE CHARGE OVER 30 DAYS. COST OF COLLECTION OF ANY ACCOUNT WILL BE PAID BY THE CUSTOMER.



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FOR DENTURE & PARTIAL USE ONLY

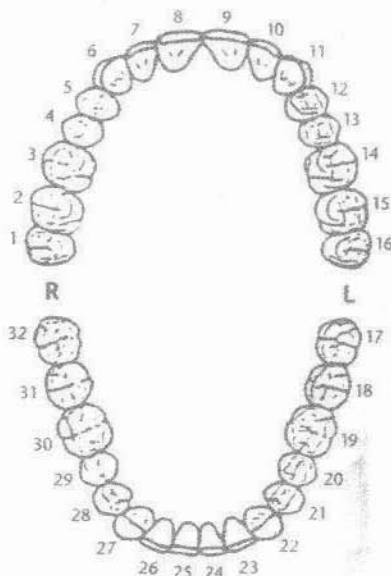
Dr: _____ Date _____

Patient _____ Male Female Age _____

Due Date _____ AM PM Shipped _____

- UPPER** FULL DENTURE PARTIAL ACRYLIC NIGHT GUARD
(Hard Soft Hard/Soft)
- LOWER** PARTIAL METAL VALPLAST/FRS VITALLIUM

INSTRUCTIONS:



- CUSTOM TRAY OCCLUSION RIM FRAME WORK TRY-IN
- TRY-IN W/TEETH 2nd TRY-IN FINISH
- PREMIUM BRAND TEETH (EXTRA CHARGE APPLIES)**
- BRAND _____ SHADE _____

ENCLOSED:

- MASTER MODEL IMPRESSIONS PHOTO
- OPPOSING MODEL BITE OTHERS: _____

Dr's. Signature _____ License # _____

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