



1640 Main St.
Green Bay, WI 54302.
(920)465-1800

www.dentekdentalstudio.com

Date Needed: _____

Time: _____

Lab Use Only

Pan #

Lab Use Only

CALLED DR

Initials

PRINTED ONLY

PARTIALS

Cast Frame



Upper



Acrylic Partial



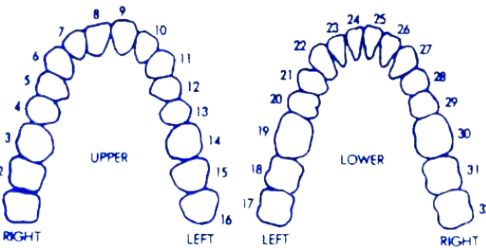
Lower



- ☐ Set Up-Teeth
☐ Process
☐ Wax Rims

- ☐ Wrought Wire
☐ Ball Clasp

Draw
Design
Of RPD



Clasp Design



☐ G-type



☐ Ackers Bar
Clasp



☐ Back
Action



☐ Double
Embrasure



☐ Ring
Type



☐ I, T, or Y
Bar

DENTURES

Upper



Lower



- ☐ Set Up-Teeth
☐ Balanced
☐ Lingualized
☐ Flat Plane

- ☐ Base Plates/Bite
Rims
☐ Process

OTHER SERVICES

- ☐ All On 4 Conversion
☐ Custom Tray
☐ Clear Retainer
☐ Diagnostic Set-up
☐ D-Sad Snoring Appliance
☐ Essix Retainer
☐ Foam-lined Bleach
☐ Orthoflex TMJ Night
☐ Proform Mouthguard
☐ Reline
☐ Rebase

REQUIRED INFORMATION

GRADE

☐ Premium

☐ Economy

Shade _____

Mold _____

☐ Plastic

☐ Porcelain

☐ Bleach

Porcelain and bleach are special orders only

ALAMETER _____ PAPPILAMETER _____

MALE ☐

FEMALE ☐



Patient Name: _____

Doctor: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Instructions

License # _____

Signature: _____

Boxes ☐

Send More:
Shipping labels ☐

RX forms ☐



PLEASE DO NOT COUNT SATURDAYS, SUNDAYS, HOLIDAYS, OR DAYS IN TRANSIT AS WORK DAYS.

Invoice 30 days or more past due will be subject to a finance charge of 1.5%