



3000 N. Main St. East Peoria IL. 61611

Doctor's Name Telephone Number

Street Address City/State/Zip

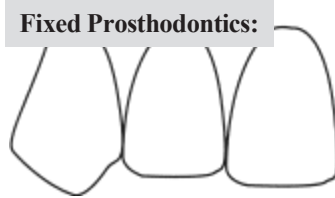
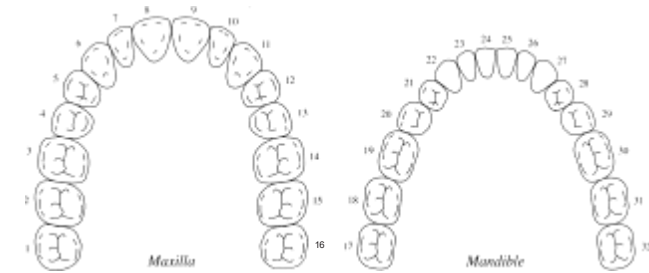
License Number and State

Patient First and Last Name or Identification Number Age Sex

Removable Prosthodontics:

- Teeth: Premium Economy Acrylic Colors:

- Partial Denture: Chrome Cobalt Duraflex Flexible Partial Acrylic



Shade: Finish: Try-in: [ ] [ ] [ ]

I have securely (HIPAA compliant) uploaded photos to dedicateddentalservicelab@ddsl.tech

- Ridge Relief: None Medium Slight Heavy

- Substructure: Zirconia Lithium Disilicate Metal Porcelain Fused to Zirconia Layered Lithium Cast Hi Noble Cast Noble Cast Base Cast post and core

- If Minimal Occlusal Clearance: Metal/ Zirconia occlusal Reduce opposing tooth

- Contacts: Open Closed Porcelain Glazing: High Regular Low

LAB USE ONLY Included with case: Impression Opposing Bite Impression Coping Models Implant Components Old Crown Shade Tab Other

- Please call regarding this case. Time to call preference: Please email: Please text

Instructions: Telephone Number

Large empty box for notes or instructions

dedicateddentalservicelab@ddsl.tech Phone : (309) 360-0690

Date/Time To Be Returned:

Table with columns for days of the week (Monday-Friday) and rows for Time.

Doctor's Signature / Authorized Signature Date Only if signed, construct & deliver the herein described dental restoration.