



Call us For Pick ups

Dental Technicians

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Lab use only

Dr Name: _____ Office: _____

Patient's Name: _____

Phone: _____ Rx Date: _____ - _____ - _____ Due Date: _____ - _____ - _____ by 5:00 PM

___ Upper

___ Wax Bite

___ Full Denture

___ Teeth try in

___ Removable Partial

___ Finish

___ Flipper

other: _____

___ Stay Plate

___ Retainers

___ Acrylic ___ Flexible

___ Nightguards

___ Metal Frame ___ Combo

___ Repair

___ Soft ___ Hard&Soft

___ Lower

___ Wax Bite

___ Full Denture

___ Teeth try in

___ Removable Partial

___ Finish

___ Flipper

other: _____

___ Stay Plate

___ Retainers

___ Acrylic ___ Flexible

___ Nightguards

___ Metal Frame ___ Combo

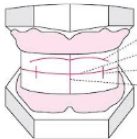
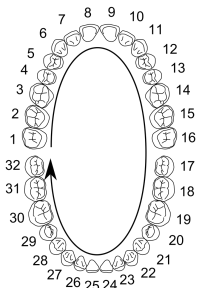
___ Repair

___ Soft ___ Hard&Soft

___ Rush Order (add 50%)

Tooth Shade: _____ Acrylic Shade: _____

Dr. Design



Smile Line
Occlusal plane
Canine lines
Midline

Do not say it, write it!

Licence #: _____

Dr. Signature: _____

The laboratory only guarantees that the prosthesis fits the provided model; the clinic is responsible for sending an adequate impression and the correct bite. Repairs and relines are not covered by warranty.

Case turnaround times are based on the date the RX is received at the Lab. Please allow 5 business day (M-F) from that date and 7 business days for complex cases. For premium 10 days. The signer and dental practice accept responsibility for all charges and any legal or collection fees incurred by the Lab. They also permit the dental technician to work on the prosthesis and see the patient when the doctor is present. Notify the lab about high-risk cases.