

Removable

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DR. NAME _____ Today's Date _____

PT. NAME _____ Due Date _____

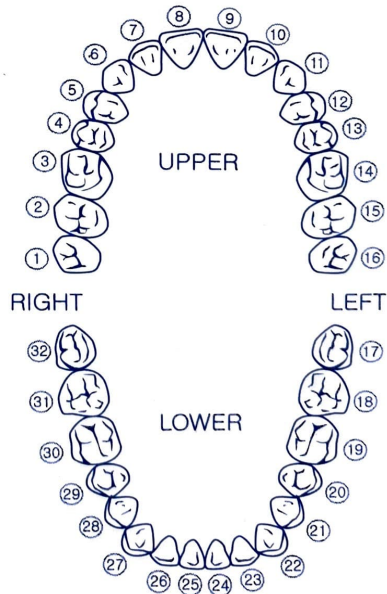
Patient Appt. _____

SHADE : B1 A1 A2 A3 Other _____

- Full Denture - Digital Printed
- Full Denture - Traditional Heat Cured
- Immediate Denture Digital
- Analog
- Metal Partial Denture
- Other _____

- Stayplate
- Clasps Yes (default) No
- * We require wax bite if patient has missing posteriors*

- Denture Lab Reline
- Denture Simple Repair
- Hard / Soft Night Guard
- Custom Tray
- Essix Retainer
- Printed Night Guard



Full Denture Wax Rim/Bite : 4 Working Days ... Wax Try-In w/ Teeth : 7 Working Days ... Process to Finish : 5 Working Days
 Immediate Denture - Note if patient is missing multiple posterior, we will require wax bite first 10 Working Days
 Partial Denture Framework : 10 Working Days ... Wax Try-In w/ Teeth : 7 Working Days ... Process to Finish : 5 Working Days
 Flexible Partial Denture Wax Rim/Bite : 4 Working Days ... Wax Try-In w/ Teeth : 7 Working Days ... Process to Finish : 5 Working Days
 Stayplate : 7 Working Days