ZDL
ZION DENTAL LAB

16737 Parkside Ave.
Cerritos, CA 90703
818-626-8020

Date: _____

Dentist/Practice: _____

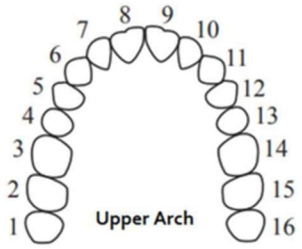
Patient: _____ Sex: M / F Age: _____

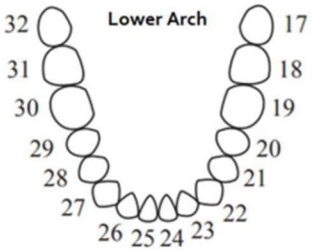
	Mon.	Tues.	Wed.	Thurs.	Fri.
Due Date					

❒ Finish
❒ Try-In

	Metal Framework	Denture	Partial	Nightguard
☐ Upper	☐ Cast Metal	☐ Standard	☐ Acrylic	☐ Soft
☐ Lower	☐ w/ Set-Up	☐ Standard IPN	☐ Valplast	☐ Hard (Acrylic)
☐ Both	☐ w/ Bite rim	☐ Premium		☐ Hard/Soft

Shade





☐ Follow drawn design ☐ Best design for fit/function

Instructions/Comments:

Dr. Signature: _____ Lic. #: _____

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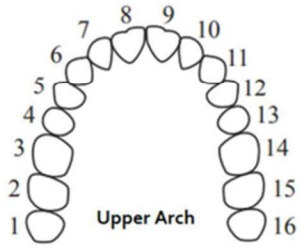

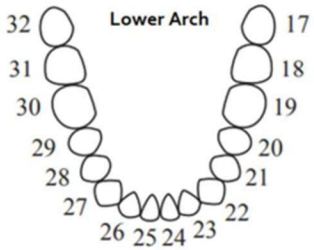

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