



S & D Dental Laboratory  
 2 W. Swain Rd. Stockton, CA 95207  
 (209) 307-6873  
 SDDentalLaboratory@outlook.com

**LAB USE ONLY:**

Pan #:

Art #:

**Dental Office Information:**

Dr.: \_\_\_\_\_ Office Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Patient: \_\_\_\_\_ Appointment Date: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Patient Facial Characteristics:**

Square     Ovoid    Age: \_\_\_\_\_ Gingival Shade: \_\_\_\_\_  
 Tapering     Square Tapering    Sex: \_\_\_\_\_ **Tooth Shade:** \_\_\_\_\_

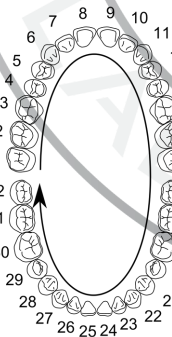
**Denture:**

- FUD                       FLD
- Immediate     Immediate
- Economy Teeth
- Standard Teeth
- Premium Teeth
- 3D Printed
  - Reprinted 3D
- \*Add Fiber Force

\*Only For Conventional Dentures

- PUD                       PLD
- Economy Teeth
- Standard Teeth
- Premium Teeth
- Cast Metal Framework
- Flipper                 Stay Plate

**Additional Instructions:**



- Extract #:
- Rest#:
- Clasp #:
- Replace #
- Repair
- Reline

**Doctors Signature:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

License Number: \_\_\_\_\_