


From Dr. _____ Date _____

Address _____

City _____ State _____ Zip _____

Patient's Name _____ Sex _____ Age _____

Any Communicable Disease? _____

Try In <input type="checkbox"/>	Return Date	IMPORTANT	Shade	Mold
Finish <input type="checkbox"/>				
CERAMIC <input type="checkbox"/> CROWN & BRIDGE <input type="checkbox"/> PARTIAL <input type="checkbox"/> DENTURE <input type="checkbox"/>				



ALLOY

☐ High Noble ☐ Noble ☐ Non-Precious

FACIAL CHARACTERISTICS

CHECK FACIAL FORM: ☐ Square ☐ Square Tapering ☐ Tapering

CHECK FACIAL ASYMMETRY: ☐ Dominant Right Side ☐ Dominant Left Side
☐ Vigorous ☐ Soft

DENTURE BASE RESINS

- ☐ 199 - Light Reddish Pink
☐ 199 - Light Translucent
☐ 199 - Original
☐ 199 - Dark (Ethnic)

DENTURE BASE FINISHES

- ☐ Smooth Palate ☐ Smooth Finish
☐ Rugae Palate ☐ Stippled Finish

☐ Rx Pads

LAB Case No. _____

☐ Infection Control Bags

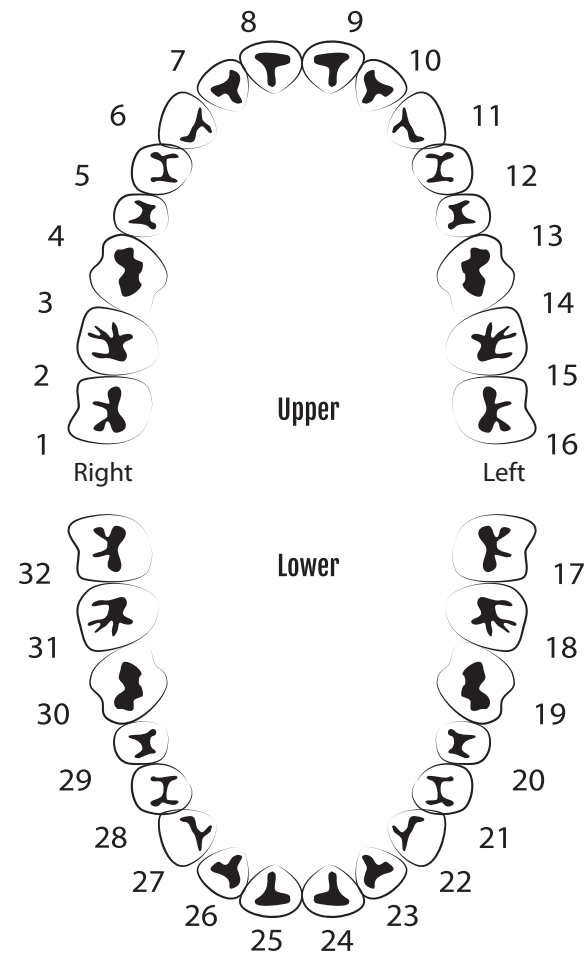
☐ Boxes

☐ Mailing Labels



PRECISION DENTAL LABS LLC
Innovative Dental Crafters
Panama City, FL

DESIGN CASE HERE



Personal Signature of Dentist

License Number

Date