



Black Bear Dental Lab LLC

Orthodontics & Pediatric Dentistry

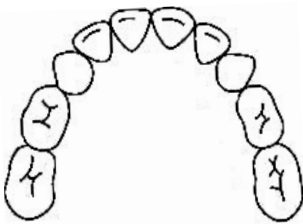


719-510-9083

Adam@BlackBearDentalLab.com

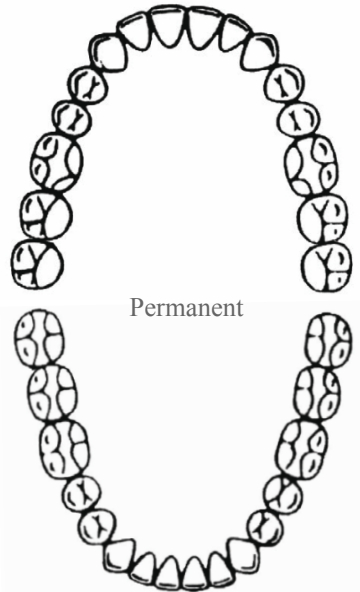
Patient Name or ID#:	Age:	Sex:
Impression / Scan Date:	Delivery Date:	
Type of Appliance:	Acrylic Color / Material:	
Instructions:		

Please draw appliance with acrylic location. Add any bands, clasps, rests or extra dentition.

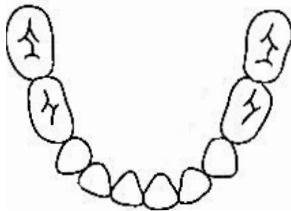


Primary

Upper



Permanent



Lower

Doctor's Name:	Doctor's License #:	State:
Office Info:		
Dr. Signature:		