KING DENTAL LAB

Case Number:_____ Male:_____ Date Sent:_____

Female:_____ Date Due:_____

Dentist:_____ **Patient:** _____

Clinic:_____

We sent: ☐Impression ☐Model ☐Bite ☐Study Model ☐Photo ☐Implant Hardware ☐Other

Cast Partial Denture framework (☐Upper/☐Lower)

☐Co-Cr Framework ☐Vitallium 2000 ☐Biodent Acrylic Framwork

Acrylic Partial

☐Partial Acrylic Denture ☐Full Denture ☐Complete Denture

☐Luciton 199 Acrylic ☐Flipper ☐Set up teeth

Acrylic Shade

☐Original ☐Light ☐Dark ☐Clear

Flexible Partial

☐Valplast ☐TCS flexible

Flexible Partial Shade

☐Meharry ☐Light Meharry ☐Standard Pink

☐Dark Pink ☐Light Pink ☐Clear

Clasp

☐Wire clasp ☐C-Clasp ☐Y-Clasp

☐Clear Clasp ☐Embrasure-Clasp ☐Valplast Clasp-Clear

☐Cast Chrome Clasp ☐Wrought Wire Clasp ☐Valplast Clasp-Pink

☐I-Bar ☐Ball Clasp

Others

☐Customs tray ☐Wax rim ☐Base Plate+Bite rim

☐Immediate Denture ☐Add mesh ☐Reline Hard/Soft

☐Implant Surgical Guide ☐Clear Aligners ☐Snap-on Smile

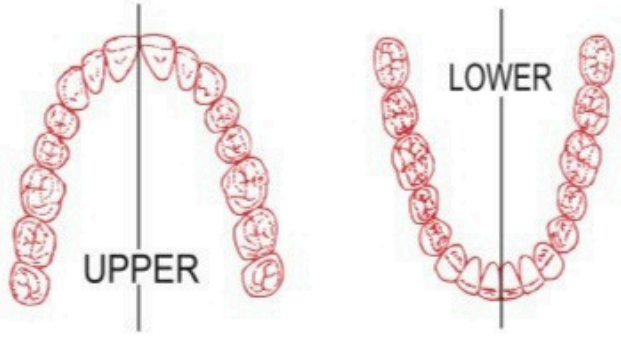
RETAINER

☐Clear retainer ☐Hawley retainer ☐Permanent Retainer

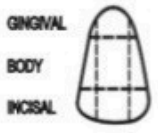
☐Night Guard-soft ☐Night Guard-hard ☐Night Guard(Hard & Soft)

☐Orthedontic Expander ☐Anti-snore ☐Space maintainer

☐Sport guard ☐Clear Aligner



For try-in ☐	Finish ☐
Shade	



SPECIFIC INSTRUCTION:

Tex Reg #: 1283