

Dental Office (REQUIRED)

Michael's Dental Lab

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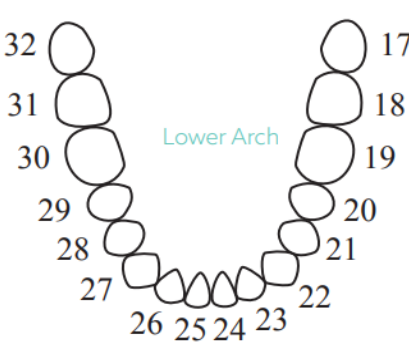
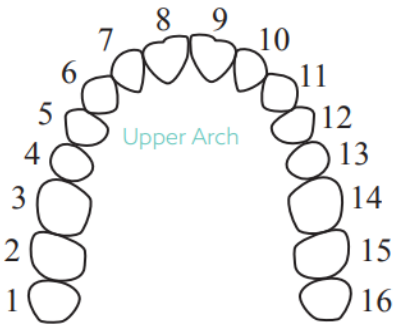
Dentist Signature (REQUIRED)

License Number (REQUIRED)

Rx Date

Patient Name (REQUIRED)

Due Date



Tooth Shade

(REQUIRED)

Shade Guide

(Vita is default if left empty)

Base Color

(REQUIRED)

- ☐ Original
- ☐ Light Pink
- ☐ Reddish Pink
- ☐ Light Meharry
- ☐ Dark Pink | Meharry

Acrylic Denture

☐ Upper ☐ Lower ☐ Both

- ☐ Teeth in Wax
- ☐ Process & Finish
- ☐ Immediate | Surgical Denture
- ☐ Wire Reinforcement
- ☐ Cast Metal Mesh
- ☐ Premium Teeth (IPN)

Night Guard

☐ Upper ☐ Lower

- ☐ Hard Acrylic
- ☐ Soft Acrylic
- ☐ Hard | Soft Acrylic
- ☐ TMJ Splint
- ☐ Sports Guard

Partial

☐ Upper ☐ Lower ☐ Both

☐ Teeth in Wax ☐ Process & Finish

☐ Upper ☐ Lower

Base Material

- ☐ Acrylic Partial
- ☐ Flexible Partial
- ☐ Cast Metal Partial
- ☐ Framework Try-in
- ☐ Immediate | Surgical Partial

Design

- ☐ (U) Horseshoe palate
- ☐ (U) Full Palatal Cover
- ☐ Unilateral (Nesbit)
- ☐ Cosmetic Clasps
- ☐ (L) Lingual bar
- ☐ (L) Lingual apron
- ☐ Ball Clasps
- ☐ Wrought Wire Clasps

- ☐ Custom Tray
- ☐ Wax Bite Rim
- ☐ Repair
- ☐ Reline
- ☐ Rebase
- ☐ Essix Retainer
- ☐ Bleaching Tray