DENTAL OFFICE Mic				chael's Dental Lab		
		<i>⊙ Q'</i> ≥ <i>⊙</i>	(615) 55 info@m		entallab.com entallab.com	
DENTIST SIGNATURE (REQUIRED)			LICENSE NUMBER (REQUIRED)			
Rx DATE	PATIENT NAME				DUE DATE	
6 7 8 9 10 11 5 Upper Arch	32 0 17 2 31 0 18 13 30 1 Lower Arch 19		TOOTH SHADE (REQUIRED)		SHADE GUIDE (Vita is default)	
3 2 1		$\frac{28}{27}$ $\frac{O}{O}$ $\frac{O}{22}$		<mark>OLOR</mark>) Pink nal	☐ Light Meharry ☐ Dark Pink (Meharry)	
ACRYLIC DENTURES			NIGHT GUARDS			
☐ Upper ☐ Lower ☐ Both			☐ Upper ☐ Lower			
 □ Wax Try-in w/Teeth □ Premium Teeth (IPN) □ Process & Finish □ Immediate/Surgical Denture □ Wire Reinforcement □ Cast Metal Mesh 			☐ Hard Acrylic ☐ TMJ Splint ☐ Thermo/Soft Acrylic ☐ Hard/Soft Acrylic ☐ Sports Guard			
PARTIALS [RPDs]					OTHER	
☐ Upper ☐ Lower ☐ Both ☐ Wax Try-in w/Teeth			Process & Finish		Upper Lower	
Base Material Acrylic Partial Flexible Partial Cast Metal Partial Metal Framework T Immediate/Surgical Pa		☐ Horseshoe palate ☐ Ling (upper) ☐ Ling ☐ Full palatal metal ☐ Ball coverage (upper) ☐ Wro		ower) (lower) e Clasps ps	Wax Bite Rim Custom Tray Repair Reline Rebase Essix Retainer Bleaching Tray	