INDIANA DENTAL PROSTHETICS, INC.

(317) 862-4200

Dr._____ Phone:_____ Date:_____

Address: _____ City:_____ Zip:_____

Patient: _____

For Lab Use Only

_____

_____

_____

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_____

_____

_____

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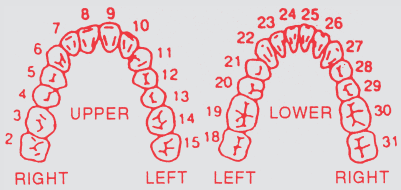
_____

FRAMEWORK DESIGN



Tooth Shade_____ Tooth Mould_____

Shade, **O**pposing, & **B**ite must be included

Please check appropriate item(s):

Acrylic Finish	____	3 days in lab
Base Plate & Rim	____	2 days in lab
Cast Framework	____	4 days in lab
Custom Tray	____	2 days in lab
F.R.S. Flexible Finish	____	6 days in lab
Full or Partial Set-up	____	3 days in lab
Impak Liner	____	2 days in lab
Impak Night Guard	____	3 days in lab
Laminated Night Guard	____	2 days in lab
Luci Soft Reline	____	1 day in lab
Partial Bite Blocks	____	1 day in lab
Set-up and Finish	____	5 days in lab
1-2 Tooth Flipper without Clasp	____	2 days in lab
1-3 Tooth Acrylic Partial w/Clasp	____	3 days in lab
4 or more Tooth Acrylic Partial	____	5 days in lab

TIME REQUIRED IN LAB DOES NOT INCLUDE THE DAY WE PICK UP OR DELIVER.

DATE NEEDED: _____ Time_____ P.M.

All deliveries guaranteed by 4:00 P.M.

INSTRUCTIONS

_____

_____

_____

_____

_____

7947 Southeastern Ave.
Indianapolis, IN 46239
(317) 862-4200
(800) 636-3842
indianadental@sbcglobal.net
www.IndianaDentalProsthetics.com

_____
License Number

_____
Signature