



**INDIANA  
DENTAL  
PROSTHETICS, INC.**  
A Certified Dental Laboratory (317) 862-4200

Dr. \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

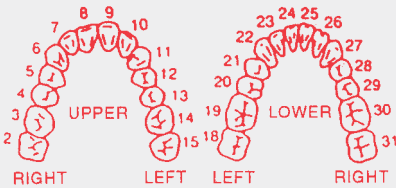
Patient: \_\_\_\_\_

**For Lab Use Only**

**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 \_\_\_\_\_ 3 days in lab
- 1-3 Tooth Acrylic Partial w/Clasp \_\_\_\_\_ 4 days in lab
- 4 or more Tooth Acrylic Partial \_\_\_\_\_ 5 days in lab

**FRAMEWORK DESIGN**



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

Tooth Shade \_\_\_\_\_ Tooth Mould \_\_\_\_\_  
**SHADE, OPPOSING, & BITE MUST BE INCLUDED**

**DATE NEEDED:** \_\_\_\_\_ Time \_\_\_\_\_ P.M.

*All deliveries guaranteed by 4:00 P.M.*

**INSTRUCTIONS**

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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www.IndianaDentalProsthetics.com

License Number \_\_\_\_\_

Signature \_\_\_\_\_