



**INDIANA
DENTAL
PROSTHETICS, INC.**
A Certified Dental Laboratory

(317) 862-4200

In date _____ Pan# _____
 Mod _____ DupMod _____
 Tech _____ Tech _____ Tech _____
 Aprv _____ QCAprv _____ Bob _____

Dr. _____ Phone: _____ Date: _____

Address: _____ City: _____ Zip: _____

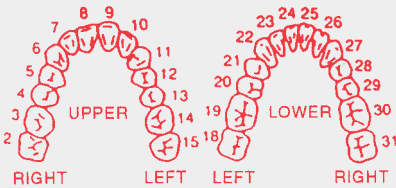
Patient: _____

For Lab Use Only

Please check appropriate item(s):

- Acrylic Finish _____ 5 days in lab
- Base Plate & Rim _____ 3 days in lab
- Cast Framework _____ 5 days in lab
- Cast Framework with Rims _____ 7 days in lab
- Cast Framework & Set-up _____ 9 days in lab
- Custom Tray _____ 3 days in lab
- DuraFlex Set-up & Finish _____ 9 days in lab
- DuraFlex Finish _____ 6 days in lab
- Full or Partial Set-up _____ 4 days in lab
- Hard Night Guard _____ 4 days in lab
- Impak Liner _____ 3 days in lab
- Impak Night Guard _____ 5 days in lab
- Minimum Weld with repair _____ 2 days in lab
- Set-up and Finish _____ 9 days in lab
- Soft Reline _____ 3 days in lab
- 1-2 Tooth Flipper without Clasp _____ 3 days in lab
- 1-3 Tooth Acrylic Partial w/Clasp _____ 5 days in lab
- 4 or more Tooth Acrylic Partial _____ 7 days in lab

FRAMEWORK DESIGN



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

Tooth Shade _____ Tooth Mould _____ Gum Shade _____

DATE NEEDED: _____ Time _____ P.M.

SHADE, OPPOSING, & BITE MUST BE INCLUDED

All deliveries guaranteed by 4:00 P.M.

INSTRUCTIONS

7501 Southeastern Ave.
 Indianapolis, IN 46239
 (317) 862-4200
 (800) 636-3842
 indianadental@yahoo.com
 www.IndianaDentalProsthetics.com

License Number _____

Signature _____