INDIANA DENTAL PROSTHETICS, INC.

A Certified Dental Laboratory specializing in implants, removables, and digital dentistry

317-862-4200

In Date_____Pan#_____

Model_____DupMod_____

Tech_____Tech_____Tech_____

Aprv_____QCAprv_____AD_____

Dr._____Phone:_____Date_____

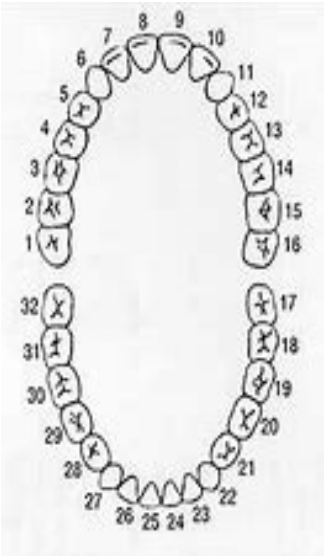
Address_____City_____Zip_____

Patient_____

FOR LAB USE ONLY

PLEASE DO NOT WRITE IN THIS SPACE

Design The Case



Tooth Shade_____

Tooth Mould_____

Gum Shade_____

SHADE, OPPOSING, & FULL ARCH BITE MUST BE INCLUDED WITH EACH CASE

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
Digital Design & Setup	____3 days in lab
Digital Finish	____3 days in lab
Digital Setup & Finish	____5 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
Hard/Soft Night Guard	____4 days in lab
Minimum Weld with repair	____2 days in lab
Set-Up & Finish	____9 days in lab
Soft Liner/Soft Reline	____5 days in lab
1-2 Tooth Flipper w/o clasps	____3 days in lab
1-3 Tooth Acrylic Partial w/clasp	____5 days in lab
4 or more Teeth Acrylic Partial	____9 days in lab

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

DATE NEEDED_____TIME_____PM

ALL DELIVERIES ARE GUARANTEED BY 4:00pm

INSTRUCTIONS

_____

_____

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7501 Southeastern Ave. **email:indianadental@yahoo.com** **License number_____**

Indianapolis, IN 46239 **digital STL files:idpstl@yahoo.com** **Dentist Signature_____**

317-862-4200 **upload STL files and make payments on website: www.indianadentalprosthetics.com**