

(perf)



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Doctor: _____

Patient: _____

Age: _____ Male Female **Date Due:** _____

Return for: Wax Try- In Metal Try-In Finish Case

Denture:

Premium

Implant Denture:

- Overdenture
- Hybrid
- Spark Erosion
- 360 Metal/Zirconia Combo
- Diem

Implant System: _____

- Acrylic Partial
- Ultraflex Partial
- Valplast
- Immediate Denture
- Duplicate Denture
- Diagnostic Wax Up
- Study Models

Surgical Stent:

- Vacuum form
- Acrylic w/ metal sleeve

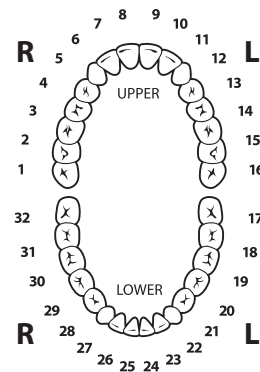
Reline:

- Hard Reline
- Soft Reline
- Repair
- Bleach Tray
- Custom Tray
- Custom Tray for Implants

Night Guards:

- Soft
- Hard
- Dual

Shade:



Case Disinfected: Yes No

Doctor's Signature

License #

Date