



4307 Center Gate
 San Antonio, TX 78217
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IVOCLAR CERTIFIED • VALPLAST CERTIFIED

OFFICE USE ONLY

Date Received:

Date Ready:

TX Reg #2357

Doctor:

Case will be delivered before 5:00 pm on
 Date Required, schedule patients the day
 after date required, not day of.

Patient:

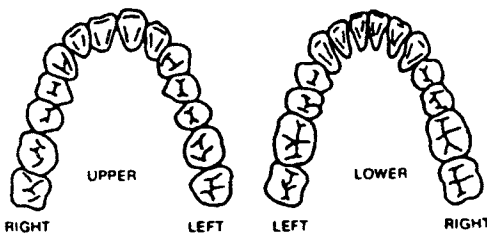
Date Required (M-F):

Case has been disinfected Technician see reverse side Please send more RX Pads

PATIENT'S AGE _____ MALE FEMALE SHADE _____ TRY IN _____ FINISH _____

ALAMETER _____ PAPANMETER _____ VERTIMETER _____

Please Design Case Here



Palate: Smooth Texture: Smooth
 Rugae Stipple

*****Please Enclose Upper and Lower Study Models and Bites**

In Lab Time Schedules

Dentures

- Set-Up for try in 5 Days
- Finish After try-in..... 5 Days
- Set-Up, Process & Finish 7 Days
- Bite Block..... 3 Days
- Hard Reline..... 1 Day
- Repair..... 1 Day
- Soft Reline..... 2 Days

Partials

- Valplast Complete..... 7 Days
- Framework..... 10 Days
- Framework & Set-Up..... 12 Days
- Framework & Finish..... 12 Days

Ortho

- Retainers 4 Days
- Night Guard 6 Days
- Space Maintainer..... 3 Days

Dr. Signature:

License No.:

Address:

Date:

Terms: Balance on account is due in full by the 10th of each month from statement date. After the 20th a \$35.00 late fee will be charged and if not received by the last day of the month a 1.5% service fee will be applied. Accounts not paid within 30 days of statement date will be subject to COD. I agree to pay reasonable attorney's fees and collection cost if this account is referred to collection in Bexar County, San Antonio, Texas.

Disinfected

Date: _____

Time: _____

Lab Use Only

Enclosed:

Impressions _____

Alginate _____

Master Model _____

Opposing Model _____

Photo _____

Other _____

Bite _____

Dr. Parts _____

Implants Parts:

Staub Cranial

AB = _____ BC = _____ CIB = _____