B&R DENTAL LABORATORY

4307 Center Gate
San Antonio, TX 78217
210 / 656-3889 • 1-888 / 239-3269
Fax 210-653-5458

IVOCLAR CERTIFIED • VALPLAST CERTIFIED

OFFICE USE ONLY
Date Received:
Date Ready:

TX Reg #2357

Doctor:

Patient:

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

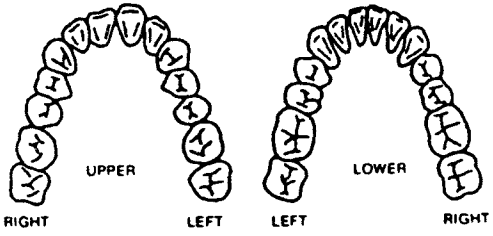
Date Required (M-F):

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

PATIENT'S AGE_____ MALE ❑ FEMALE ❑ SHADE _____TRY IN _____FINISH _____

ALAMETER _____ PAPILLAMETER_____ 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 = _____