

DentalFEX

D e n t a l L a b I n c

Date Prepared

___ / ___ / ___

From:

Dr. / Lab: _____ Phone: _____

Economy Teeth - Dentsply Classic

Shade: _____ Mold: _____

Please Deliver Case On:

___ / ___ / ___ AM or PM

Premium Teeth
(choose one)

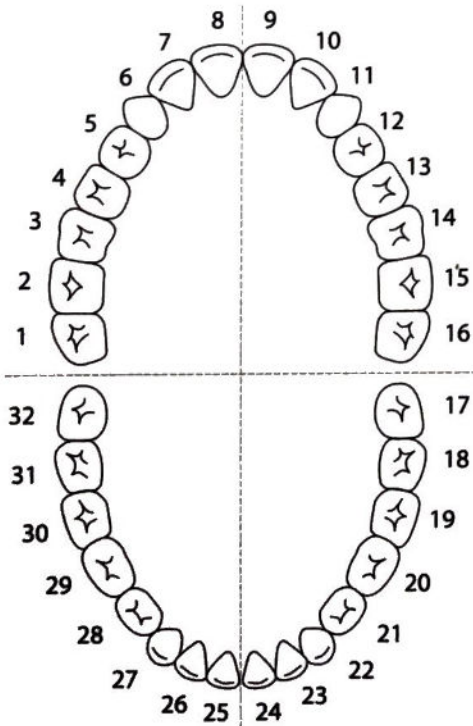
- Ivoclar
- Portrait
- Bioform

Shade: _____

Mold: _____

Patient Name: _____

Instructions: _____



Dr. / Lab Signature: _____

Date: _____