(FOR LAB USE ONLY)

Pt. #

PREP DATE : _____ DUE DATE : _____

Due Date: 11th day (Working day, Mon-Fri)
Please count it from the day you shipped.

DENTAL OFFICE : _____

DR. NAME : _____

PATIENT NAME : _____ **AGE:** _____ ☐ M ☐ F

WORLD LAB
BASIC

12 Mauchly, Unit M, Irvine, CA 92618
Tel (949) 727-0121 • Fax (949) 727-0577
(800) WRLDLAB(975-3522)

REMOVABLE

PARTIAL DENTURE

ACRYLIC

- ☐ Complete - One Stage
- ☐ Teeth Set Wax Try-in
- ☐ Try-in to Finish

Option: ☐ with Metal Frame Ni Free ☐ with Vitallium 2000

VALPLAST

- ☐ Complete - One Stage
- ☐ Teeth Set Wax Try-in
- ☐ Try-in to Finish

Option: ☐ with Metal Frame Ni Free ☐ with Vitallium 2000

WELDENZ

- ☐ Complete - One Stage
- ☐ Teeth Set Wax Try-in
- ☐ Try-in to Finish

Option: ☐ with Metal Frame Ni Free ☐ with Vitallium 2000

FLIPPER (ACRYLIC)

* Up to 2 teeth; No metal; No clasp

- ☐ Complete - One Stage
- ☐ Teeth Set Wax Try-in
- ☐ Try-in to Finish

FULL DENTURE

ACRYLIC (☐ Immediate)

- ☐ Complete - One Stage
- ☐ Teeth Set Wax Try-in
- ☐ Try-in to Finish

Option: ☐ with Metal Frame Ni Free ☐ with Vitallium 2000

BASE PLATE & BITE RIM / CUSTOM TRAY

- ☐ Base Plate & Bite Rim
- ☐ Bite Rim with Metal Frame
- ☐ Custom Tray

REPAIR (ACRYLIC / VALPLAST)

- ☐ Re-Base
- ☐ Re-Line
- ☐ Add Teeth

OTHERS

- ☐ Clasp (Valpalst)
- ☐ Clasp (Cast)
- ☐ Clasp (Wire)
- ☐ Night Guard (Soft / Hard / Hard & Soft)

TOOTH SHADE: ( )

GUM SHADE: ( )

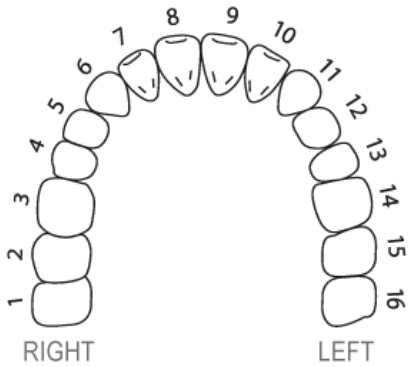
FOR LAB USE ONLY

Impression		Study Model		Articulator		
Bite Registration		Wax Try-In		Slide / Pic / CD		
Upper Model		Bite Rim				
Lower Model		Denture F/P				Receive Date

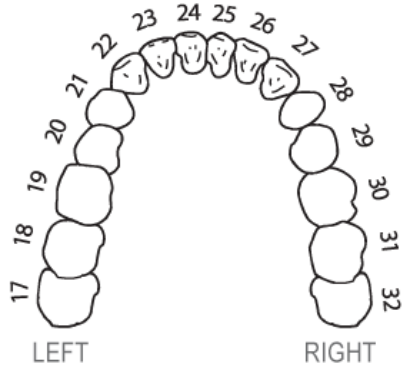
CASE DESIGN & SPECIAL INSTRUCTIONS

Option: If you need name in denture, please PRINT name CLEARLY below:

UPPER



LOWER



SIGNATURE OF DENTIST **DENTIST LICENSE #**

The person signing this authorization accepts sole responsibility for payment and agrees to pay all legal and collection costs in the event of suit, including reasonable fees.

(Return all except gold copy.)