



DENTAL LABORATORIES, INC.

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Removable Rx

- Send Rx Forms
Send Boxes
Send Labels

Table with columns: Pan#, Rec. Date, Note for Doctor, REC, DIS, PREP, WX, FIN. Sub-table with columns: Case#, Art #, Invoice #.

- B O SM ART
I M BP BR
Dent Part BB BF

Dr. Name Phone ( )

Address St Zip

Patient Name Male Female

Case Due in Office by 5:00 PM on

Check Selection: Full Denture, Cast Partial, Acrylic Partial, Flexible Partial. Maxillary/Mandibular. Custom Tray, Cast RPD Framework, Acrylic Base w/ Wax Rim, Setup Wax Try-in Reset, WTI to New Bite, Finish, Tooth Shade. Extractions, Setup Wax Try-in, Denture Shades, Esthetic Clasp Options, Flexible Partial Shades.

NIGHTGUARDS

Arch Choice Upper Lower
Comfort H/S (Hard-Soft)
Check Color: Clear Blue Pink Green

NOTES:

SPORTSGUARDS

PROFORM SPORTSGUARD
Check Color: Clear Blue Red White Black
Green Orange Yellow Purple

TEMPORARY-PROVISIONALS

Acrylic Flipper-Tooth #
Add Wire Clasps
Essix Temporary Bridge-Tooth #
Acrylic Provisionals-Teeth #
Abutments Teeth #
Pontic Teeth #
Splint Teeth #

Dentist's Signature Lic# Date

