



PLEASE DO NOT COUNT SATURDAYS, SUNDAYS, HOLIDAYS, OR DAYS IN TRANSIT AS WORK DAYS.

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 www.dentalcrafters.net

DATE NEEDED _____
 TIME _____

Lab Use Only
 PAN # _____

Lab Use Only

PARTIAL - Upper/Lower <input type="checkbox"/> Frame Try-in <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Bite Blocks <input type="checkbox"/> Anatomical Wax Up <input type="checkbox"/> Treatment Partial <input type="checkbox"/> Acrylic Finish <input type="checkbox"/> Design Only	DENTURE - Upper/Lower <input type="checkbox"/> Custom Tray <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Bite Blocks <input type="checkbox"/> Anatomical Wax Up <input type="checkbox"/> Acrylic Finish <input type="checkbox"/> Reline <input type="checkbox"/> Intra-Oral Tracer
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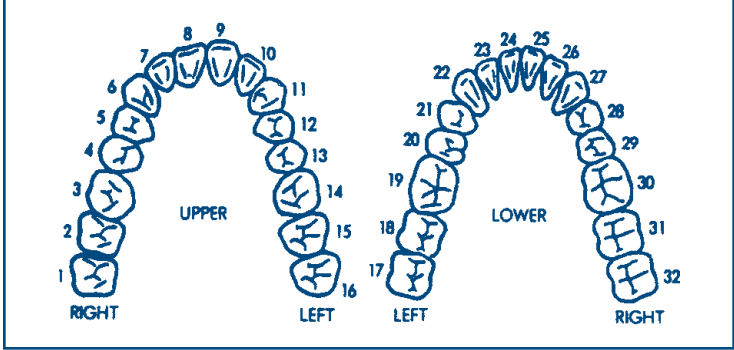
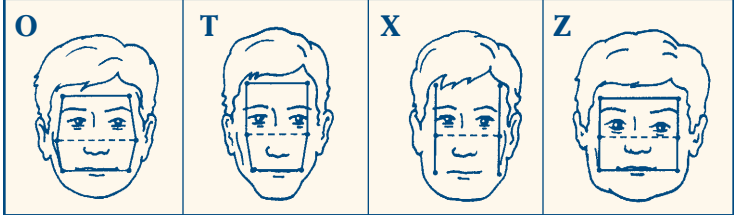
ADDITIONAL PRODUCTS

<input type="checkbox"/> Talon Splint	<input type="checkbox"/> Bleach Tray
<input type="checkbox"/> Orthosis	<input type="checkbox"/> Diag. Placement Stint
<input type="checkbox"/> Mouthguard	<input type="checkbox"/> Cast / Laser Repair

REQUIRED INFORMATION

VITA TEETH <input type="checkbox"/> Premium <input type="checkbox"/> Standard <input type="checkbox"/> Economy	<input type="checkbox"/> Plastic <input type="checkbox"/> Porcelain Porcelain are special orders only
Mold _____	Shade _____

Alameter Papillameter



PATIENT NAME _____
 MALE FEMALE AGE _____
 DOCTOR _____
 ADDRESS _____
 CITY, STATE, ZIP _____

Lab Use Only
 CALLED DOCTOR _____
 (Initial)

PRINT PATIENT NAME

INSTRUCTIONS

CIRCLE FOR: BOXES LABELS
 RX FORMS: DENTURES / CROWN & BRIDGE

Signature _____

License No. _____

TERMS: Net fifteenth of the month following date of statement. Invoices 30 days or more past due will be subject to a finance charge of one and one-half (1.50%) per month. This is an annual percentage rate of 18%. All charges over 60 days will be sent C.O.D. DC-206