



Restoration Laboratories, Inc.

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RL use only

Pan	In	Out
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Doctor's Name: _____

Address: _____

City, State, Zip _____

Phone # _____

PATIENT NAME: FIRST _____ LAST: _____

Today's Date: _____ DUE DATE: Deliver case by 4pm on: _____

MALE () FEMALE ()

(Standard working time if no due date is given)

*Does not include pick-up and delivery days, weekends or holidays.

NEXT APPOINTMENT: () BITE BLOCK () Wax Try-In () PROCESS & FINISH

ARCH:

() Max

() Mand

SERVICES:

() Bite Blocks

() Custom Tray

() Repair

() Reline

() Essex Retainer

() Night Guard

() Soft () Hard

() Flipper

() Resin () Flexible

() Nesbit

() Resin () Flexible

() Unilateral

() Resin () Flexible

() Partial Denture

() Resin () Flexible

() Cast Metal

() Full Denture

() Immediate Denture

ACRYLIC & TEETH SHADE:

Type of Teeth: _____ Shade: _____

() Economy

() Premium *Call for prices

Tissue Shade:

() TCS 1 Light Pink () TCS 3 Dark Pink

() TCS 2 Original () TCS 4 Meharry

* Original shade will be used if none chosen

() Cast Metal Frame () Vitallium

DESIGN: () Doctor to Design

If nothing is marked, RL will design

CLASPING:

() Wire # _____ () Akers # _____

() Ball # _____ () Dbl. Akers # _____

() I-Bar # _____

() Clear Flexible # _____

() Wrought wire # _____

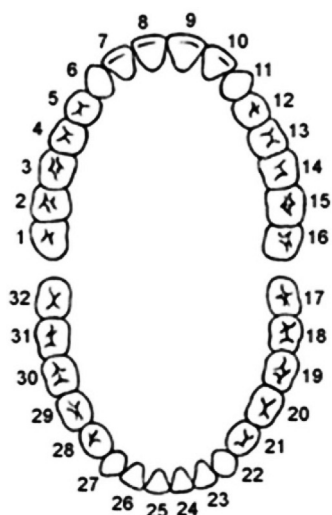
() Others # _____

RESTS:

() Mesial rest on # _____

() Distal rest on # _____

() Cingulum rest on # _____



ADDITIONAL INSTRUCTIONS

Signature _____ DDS License _____

Terms: RL requires each case to be accompanied by a signed lab slip to be considered a binding work order, agreement and acceptance of RL terms and conditions. Invoices are billed by statements with payment due upon receipt. A 2% service charge will be billed for all past due accounts.