

LANTZ

Dental Prosthetics, Inc.

6490 Wheatstone Ct., Maumee, Ohio 43537
 Phone: (419) 866-1515 • 1-800-788-5385 • Fax (419) 866-1541

FROM:

DR. _____

Address _____

City _____

Phone # _____

Delivery Date

Please schedule appt. after delivery date.

MON.	TUES.	WED.	THUR.	FRI.

Please Do Not Count Saturdays, Sundays, Holidays, or Days in Transit as Work Days.

PATIENT'S NAME OR IDENTIFICATION NO. _____

The following components have been sent to expedite the fabrication of this patients case:

- ___ Articulator ___ Old Partial/Denture ___ Upper/Lower models
- ___ Photos/Slides ___ Mounting Jigs ___ Teeth
- ___ Impression trays ___ Study Models ___ Bite Registration

Additional Items _____

Specify denture finish & characterization:

- ___ Regular finish ___ Mild
- ___ Hydrocast finish ___ Moderate
- ___ Custom stain ___ Severe

INSTRUCTIONS:

SUPPLIES REQUIRED

- BOXES
- ORDER FORMS
- MAILING LABELS

CASE TO BE:

FOR TRY-IN _____
 COMPLETED _____

- BIOBLEND IPN
- BIOFORM IPN
- VITAPAN
- IVOCLAR
- PORTRAIT IPN
- OTHER

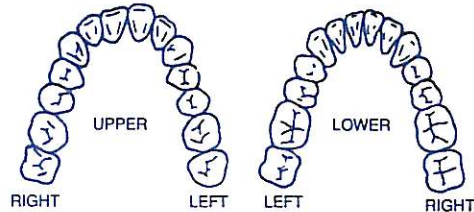
ANTERIORES
SHADE MOULD

POSTERIORES
SHADE MOULD

ALMA GAUGE READING CLASS _____ PORCELAIN PLASTIC

	upper rim	lower rim	upper try-in	lower try-in
Vertical				
Horizontal				

DESIGN CASE HERE



Cast Frames

Please note - Wironium Alloy . . . 5 days in Lab

- Wironium Alloy
- Vitallium Alloy

DENTIST'S LICENSE NUMBER _____ DATE _____, 20__

PERSONAL SIGNATURE OF DENTIST