"Dedicated Service Since 1965"

SAHUARO DENTAL LAB, INC.

3250 N. Campbell Ave. Ste • 144
Tucson, AZ 85719
Phone: (520) 887-1808 • Fax: (520) 318-6024

DOB#_____ **Case#** _____

Patient Name _____

Age: ____ **Date Wanted:** _____ ☐ **AM** ☐ **PM** **Try In/Finish**

Dentist Name _____ **LIC#:** _____

SPECIAL INSTRUCTIONS:

A. REMOVABLE PROSTHESIS

☐ Denture ☐ Cast Partial ☐ Valplast
☐ Acrylic/Resin ☐ Ultra Flex

B. ACRYLIC SHADE

☐ Original ☐ Lt. Pink ☐ Clear
☐ Lt. Reddish Pink ☐ Dark Pink

C. CROWN & BRIDGE

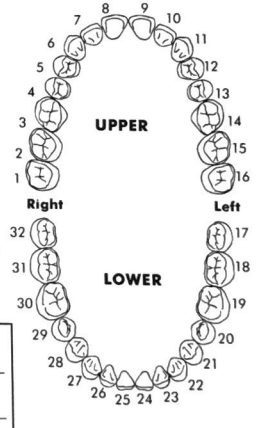
☐ E.MAX ☐ ZIRCONIA ☐ PFM ☐ FMC

D. DENTURE TEETH

☐ Vita MFT ☐ Classic® IPN® ☐ Portrait® IPN®

ANTERIOR
Mold _____
Shade _____

POSTERIOR
Mold _____
Shade _____



Office Only
Setup _____
Wax/Seal down _____
Finish _____
Repair/Reline _____

Dentist Signature _____

PLEASE PRINT CLEARLY