



DENTAL LABORATORIES, INC.

470 Woodcreek Drive, Bolingbrook, Illinois 60440
30 North Michigan Avenue, Suite 1817, Chicago, Illinois 60602
(T) 630.679.8686 (F) 630.679.8680
www.artisticdl.com

Removable Rx

- Send Rx Forms
Send Boxes
Send Labels

Table with columns: Pan#, Rec. Date, Note for Doctor, REC, DIS, PREP, WX, FIN. Row 2: 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

Circle 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
At Try-in At Final Delivery All Remaining Teeth None
Setup Wax Try-in
Ideal Setup Characterized Setup Copy Study Model Copy Existing Denture
Denture Shades
Standard Pink Light Ethnic Dark Ethnic Very Dark Ethnic
Esthetic Clasp Options
Clear-Flex Pink Medium Pink Dark Pink Ethnic
Flexible Partial Shades
Pink Medium Pink Tissue Tone Pink Clear Ethnic

NIGHTGUARDS

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

SPORTSGUARDS

PROFORM SPORTSGUARD
Circle 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 #

Net amount of invoice is due within 30 days of receipt of order. All balances beyond 30 days are subject to 2% late fee. I agree to pay reasonable attorney's fees and collection costs if this account is referred for collection

Dentist's Signature Lic# Date



