UNDERWOOD DENTAL LAB

2125 SOUTH JACKSON AVENUE • JOPLIN, MO 64804

TELEPHONE: (417) 781-8080

EMAIL: r2wood22@hotmail.com

Doctor _____ Patient _____

Address _____ Age _____ Sex _____

City _____ Date Sent: _____

St _____ Zip _____ Try In Date: _____

Phone _____ Finish Date: _____

Please send:

☐ RX Forms ☐ Mailing Boxes ☐ Other _____

PARTIALS AND DENTURES (Please ✓)

CASE DESIGN

- ☐ Full Upper
- ☐ Full Lower
- ☐ Full Upper Immed
- ☐ Full Lower Immed
- ☐ Reline Hard
- ☐ Reline Soft
- ☐ Base Plate w/Wax Rim
- ☐ Implant Retainer w/Tooth
- ☐ Custom Tray
- ☐ Partial Acrylic
- ☐ Partial Cast Metal
- ☐ Flexible (Res)
- ☐ Rebase
- ☐ Surgical Tray

☐ Please exclude identification

☐ Please mark denture for ID purposes as:

_____

FACIAL CHARACTERISTICS

- ☐ Square
- ☐ Square Tapering
- ☐ Tapering
- ☐ Ovoid
- ☐ Dominant rt side
- ☐ Dominant lft side
- ☐ Diastema

MATERIALS

Anterior Teeth: ☐ Square ☐ Plastic

Shade _____ Mold _____

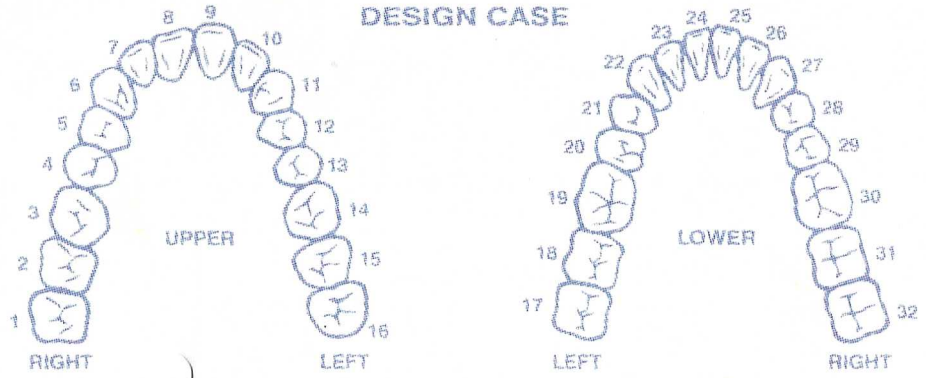
Posterior Teeth: ☐ Square ☐ Plastic

Shade _____ Mold _____

- ☐ Economy-Classic
- ☐ Standard-Eledent
- ☐ Premium-Portrait

ADDITIONAL INSTRUCTIONS

DESIGN CASE



SPLINTS AND ORTHO GUARDS

SELECT TYPE:

- ☐ Night Guard ☐ Occlusal Guard
- ☐ Hard ☐ Hard/Soft ☐ Soft
- ☐ Upper ☐ Lower ☐ w/Ball Clasps
- ☐ TMJ w/Cuspid Rise

ADDITIONAL INSTRUCTIONS

DOCTOR PLEASE RETAIN DUPLICATE COPY

Signature _____

License Number _____ State _____

Thank You!