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Dental Ceramic Studio

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INVOICE# _____
 OFFICE USE ONLY
 RECEIVED DATE _____
 INITIALS _____
 PAN# _____
 DIE SENT _____
 DIE RECEIVED _____

DR. _____ LIC# _____
 (PLEASE PRINT)
 MALE
 FEMALE

REMOVABLE RESTORATIONS

DENTURES

- Custom Tray
- Base Plate/Wax Rim
- Denture Set-Up
- Denture Finish
- Deluxe Denture Base
- Naturalized Denture Base
- Transitional Denture
- Immediate Denture

REPAIRS / RELINES

- Relines
 Hard Soft
- Repairs
 Tooth Fractures
- Clasp

METAL PARTIALS

- Frame Try-In Upper
- Frame Try-In Lower
- Wax Try-In with Teeth
- Bite Block
- Finish

FLEXIBLE PARTIALS

- Set-Up
- Finish

PREP DATE	/	20 _____
DUE DATE		TIME

ACRYLIC PARTIALS

- Acrylic Partial Flipper
- Acrylic Partial w/Clasp
- Unilateral (NESBIT)

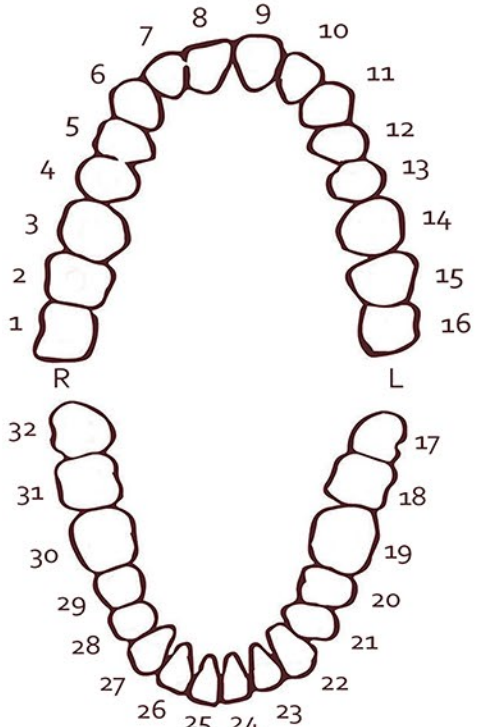
SHADE

- Denture Base
- Natural Pink
 - Mild
 - Moderate
 - Heavy
- Tooth Shade _____
- Tooth Mold _____
- Posterior Degree _____

SPECIALTY PRODUCTS

- Hard Soft Night Guard
- Hard Clear Night Guard
- ProForm Night Guard
- Bleaching Tray
- Surgical Stent
- CT Scanning Device

Rx FOR IMPLANT CASES, PLEASE CALL FOR SPECIALIZED IMPLANT PRESCRIPTIONS
 SPECIFIC INSTRUCTIONS:



DR. _____
 (PLEASE SIGN)

* STANDARD UNLESS SPECIFIED OTHERWISE. LIMITED WARRANTY. GUARANTEED TO FIT IMPRESSION PROVIDED.
 COST OF COLLECTION OF ANY ACCOUNT WILL BE PAID BY THE CUSTOMER. TERMS: NET 30 DAYS; 2% SERVICE CHARGE OVER 30 DAYS. SUBJECT TO OUTSOURCING, FEES MAY CHANGE W/OUT NOTICE. www.weildentallab.com