

REMOVABLE LABSLIP



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Doctor's name: _____
 Practice name: _____
 Address: _____
 Phone #: _____ Account #: _____
 Patient Name: Last _____
 First _____
 Date Prepared: _____ Male Female
 DATE DUE-Deliver case by 5 pm on: _____
 (Standard working time if no due date is given)

NEXT APPOINTMENT: FINISH TEETH TRY IN FRAME TRY IN
 FRAME TRY IN W/BITE BLOCK FRAME TRY IN W/TEETH

PRODUCTS

- Complete Denture
- Partial Denture-Vitalium
- Flexible Partial
- Acrylic Partial (Stayplate)
- Hard Nightguard
- Flex-Eze Nightguard
- Comfort H/S Bite Splint
- Custom Tray
- Bite Block
- Surgical Guide
- Radiographic Guide
- Sports Guard
- Color: _____
- Space Maintainer

ARCH

- Max Mand

SHADE & TYPE OF TEETH

- Shade:**
 (Please send study model of pre-existing denture)
- Shade Guide Brand:
 Bioform Portrait
 Other: _____
- Type of Teeth:**
 Plastic - Economy*
 Plastic - Premium
 Porcelain - Premium
- Acrylic Shade:**
 Original* Dark Pink
 Light Pink Red Pink
- Acrylic Brand:**
 Standard Acrylic*
 Dentsply - Lucitone 199 (add'l fee)

DESIGN

- Doctor to Design
 * If nothing is marked, Atlas to design.

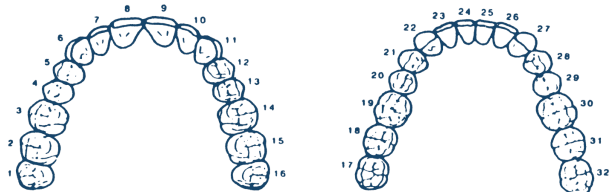
CLASPING

- Wire # _____
- Ball # _____
- Akers # _____
- Double Akers # _____
- I-Bar # _____
- Flexible Resin # _____
 Shade: Pink* Clear
- Other # _____

RESTS

- Mesial rest on # _____
- Distal rest on # _____
- Cingulum rest on # _____

ADD'L INSTRUCTIONS:



I.D. Description - No* Yes (add'l fee)

Signature: _____ D.D.S. License #: _____

Terms: Atlas Dental requires each case to be accompanied by a signed labslip which is to be considered a binding work order agreement and acceptance of our Terms and Conditions. Invoices are billed by statement with payment due by the end of the subsequent month from statement date. 2% Service Charge will be billed on all past due balances.