

# LABS SLIP

Doctor name:  Due date:

Address:

Phone:  Patient:

Case #:  Office use only:

## Denture

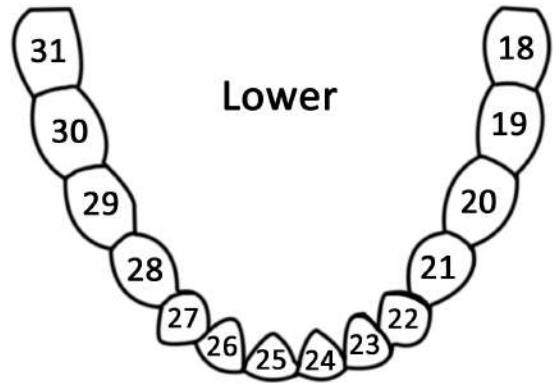
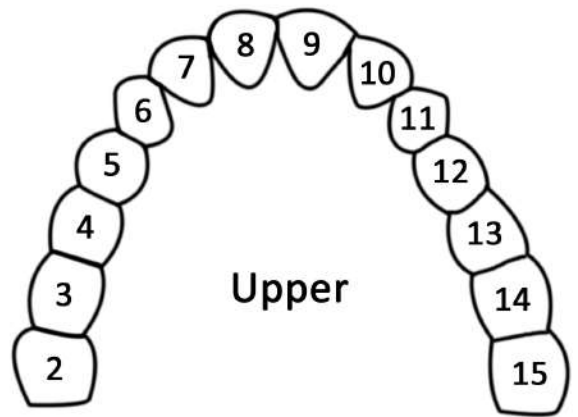
- Full denture
  - Premium
  - Conventional
- Partial Denture
  - Conventional / Acrylic
  - Interim Partial Denture "Flipper"
- Flexible Denture / TCS / Valplast
- Custom Tray
- Bite Block o Celurion Rims
- Wax / Esthetic Try-in
- Finish / Process

Shade:

## Mouth Guards

- Night Guard
  - Soft
  - Hybrid
  - Hard
  - Sport
- Retainer

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## Notes

Dr Signature: \_\_\_\_\_ Licence #: