

CALL FOR PICKUP
(602)754-1703 - (623)433-6009
supremedentallab20@gmail.com

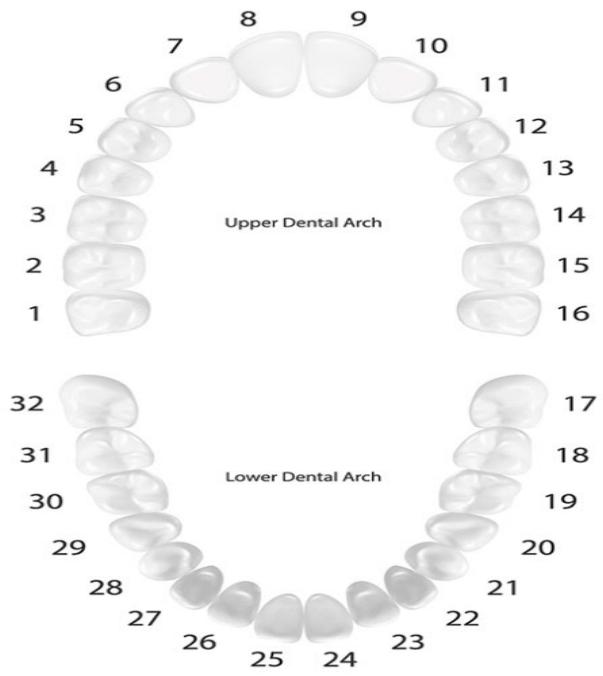
OFFICE:		DATE:	
DOCTOR:		PATIENT:	

PATIENT NEXT APPOINTMENT DATE:		PATIENT APPOINTMENT TIME:	
---	--	--------------------------------------	--

Denture:	<input type="checkbox"/> Upper	<input type="checkbox"/> Lower	
<input type="checkbox"/> Standard	<input type="checkbox"/> Premium	<input type="checkbox"/> Immediate	<input type="checkbox"/> Over Denture

Partial:			
<input type="checkbox"/> Cast Metal	<input type="checkbox"/> Valplast	<input type="checkbox"/> Acrylic W/ Clasps	<input type="checkbox"/> Flipper

<input type="checkbox"/> Repair	<input type="checkbox"/> Reline	<input type="checkbox"/> Custom Tray	<input type="checkbox"/> Wax Rim	<input type="checkbox"/> Try-In	<input type="checkbox"/> Process/Finish
--	--	---	---	--	--

Instructions:	 <p>The diagram shows the upper dental arch (maxilla) and lower dental arch (mandible). The upper arch is labeled 'Upper Dental Arch' and the lower arch is labeled 'Lower Dental Arch'. The teeth are numbered sequentially from 1 to 32. The upper arch starts with 1 on the left and ends with 10 on the right. The lower arch starts with 32 on the left and ends with 21 on the right. The teeth are arranged in a semi-circular arc, with the upper arch curving upwards and the lower arch curving downwards.</p>
----------------------	--

Tooth Shade:		Tissue Shade:	<input type="checkbox"/> Light	<input type="checkbox"/> Dark
---------------------	--	----------------------	---------------------------------------	--------------------------------------

DR. SIGNATURE:	
LICENSE #:	