SUPREME DENTAL LAB
Removables and Implants

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

OFFICE:		DATE:	
DOCTOR:		PATIENT:	

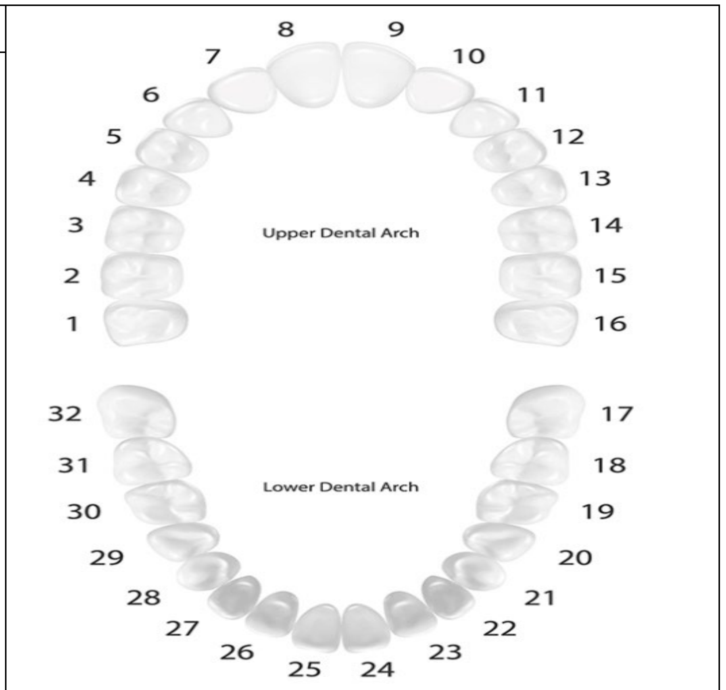
PATIENT NEXT APPOINTMENT DATE:		PATIENT APPOINTMENT TIME:	

Denture:	☐ Upper	☐ Lower	
☐ Standard	☐ Premium	☐ Immediate	☐ Over Denture

Partial:			
☐ Cast Metal	☐ Valplast	☐ Acrylic W/ Clasps	☐ Flipper

☐ Repair	☐ Reline	☐ Custom Tray	☐ Wax Rim	☐ Try-In	☐ Process/Finish

Instructions:



Tooth Shade:		Tissue Shade:	☐ Light	☐ Dark

DR. SIGNATURE:	
LICENSE #:	