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## **Creative Dental Lab**

903-581-2172 Fax 903-581-2207 cdt@creativedentaltyler.com

Doctor's Name: Patient's Name:		3 T LOWER 30 2 15 18 7 18 7 30
Date Wanted:	Shade: Mold: Sex: M F Age:	
☐ Wax Try In	☐ Finish	
□Maxillary □ Mandibular	□ Maxillary □ Mandibular	
☐ <b>Denture</b> ☐ Milled Premium ☐ Traditional Premium ☐ Ultra-Premium	☐ Cast Partial ☐ Premium ☐ Ultra-Premium ☐ Economy	
☐ 3D Printed Economy ☐ Traditional Economy	$\square$ Acrylic Partial $\square$ Flexible Partial	
☐ Comfort Guard ☐ Hard Night Guard	☐ Bite Block ☐ Custom Tray	Date:License# Signature: