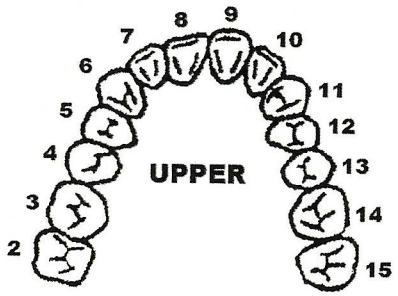
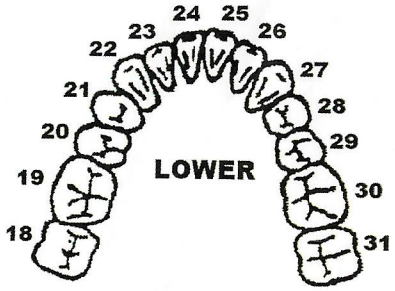
Send More
___Rx's
___Bags
___Boxes

Creative Dental Lab

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





Doctor's Name: _____

Patient's Name: _____

Date Wanted: _____

Time: _____

Shade: _____
Mold: _____
Sex: M F
Age: _____

☐ **Wax Try In** ☐ **Finish**

☐ **Maxillary**
☐ **Mandibular**

☐ **Denture**
- ☐ Ultra-Premium
- ☐ Standard (Milled)
- ☐ Standard (Traditional) (extra charge)
- ☐ Economy (3D Printed)
- ☐ Economy (Traditional) (extra charge)

☐ **Comfort Guard**
☐ **Hard Night Guard**

☐ **Maxillary**
☐ **Mandibular**

☐ **Cast Partial**
- ☐ Ultra-Premium
- ☐ Standard
- ☐ Economy

☐ **Acrylic Partial**
☐ **Flexible Partial**

☐ **Bite Block**
☐ **Custom Tray**

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Date: _____ **License#** _____

Signature: _____