



Monde Dental Lab

DENTAL LABORATORY

Doctor _____

Street _____

City, State, Zip _____

Phone _____

Patient Name _____

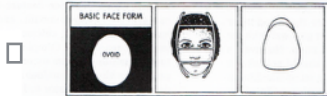
M/F

Approx. Age _____

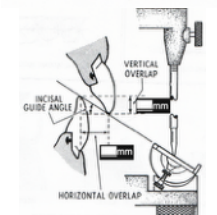
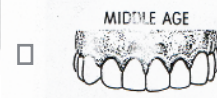
Dr. Signature _____

License No. _____

Date _____



PATIENT'S AGE	NECK SCALL'P	PAPILLA SHAPE
YOUTH	CIRCLE	V POINTED
MIDDLE AGE	OVAL	V IN BETWEEN
OLD AGE	"V"	V BLUNT



Case Attachments

- ☐ Impressions
- ☐ Bites
- ☐ Stone Models
- ☐ Implant Screws
- ☐ Trays Enclosed
- ☐ Implant Abutments
- ☐ Implant Analog
- ☐ Framework Attached
- ☐ Set up teeth Enclosed
- ☐ Denture Enclosed

Tel.: 1-306-351-0188
Email: service@MondeDentalLab.com

Return by 5 pm on _____

Please Allow 10 working days. Does not include arrival or delivery time.

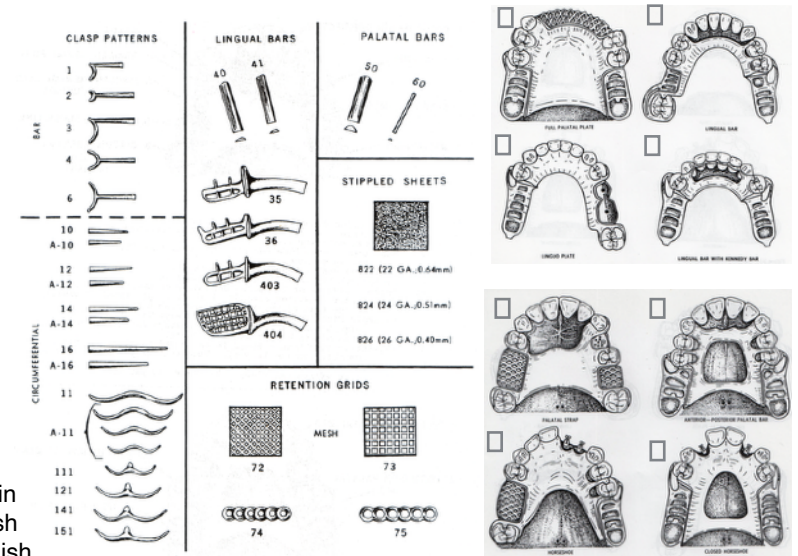
Coupon Code _____

Supplies Needed

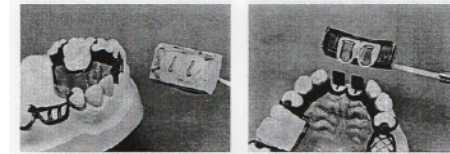
- ☐ Rx Slips
- ☐ Shipping Labels
- ☐ Boxes
- ☐ Bio Bags
- ☐ Need 2 Sets
- ☐ Need ___ Sets

Removable Dentures

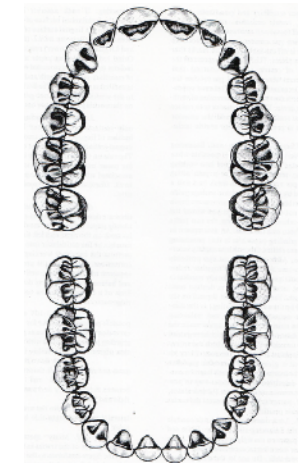
- ☐ Upper
- ☐ Lower
- ☐ Framework Nobillium Ultra
- ☐ FRS Flexible Partial
- ☐ Immediate Denture
- ☐ Nightguard
- ☐ Finish Arylic
- ☐ Partial Try in
- ☐ Partial Finish
- ☐ Valplast Finish
- ☐ BIOTONE



- ☐ Labial Bar with lock
- ☐ Labial Bar



- ☐ Metal Backing Pin
- ☐ Metal Backing



Vertical ____ MM

Horizontal ____ MM