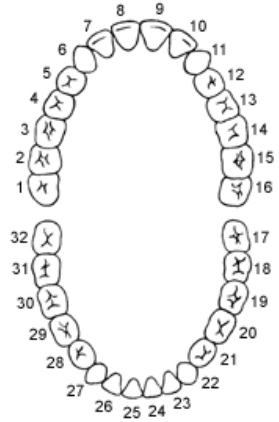


Date Wanted: _____

DOWNEY DENTAL LAB

P.O. Box 277 • Downey, CA 90241

(562) 381-2089



Doctor _____

Dr. Phone (_____) _____

Patient Name _____

Shade _____ Male Female

Full Dentures

- _____ Upper
- _____ Lower
- _____ Regular
- _____ Premium
- _____ Bite Block
- _____ Try-In
- _____ Finish
- _____ Immediate

Partials

- _____ Upper
- _____ Lower
- _____ Frame Try-In
- _____ Frame w/ Bite Block
- _____ Frame Try-In w/ Teeth
- _____ Finish
- _____ Re-Try

Other Removable Options

- _____ Hard Night Guard
- _____ Soft Night Guard
- _____ Custom Tray
- _____ Bleaching Tray
- _____ Reline
- _____ Repair
- _____ Same Day Reline/Repair
- _____ 1-Tooth Flipper
- _____ 1-4 Tooth Stay Plate

Specific Instructions:

Arrangements can be made for rush cases at an extra charge. Please call the lab to discuss.

Thank you for your business!