



DENTAL LABORATORIES, INC.

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Removable Rx

Send Rx Forms
Send Boxes
Send Labels

Table with columns: Pan#, Rec. Date, Note for Doctor, REC, DIS, PREP, WX, FIN. Row 2: Case#, Art #, Invoice #

- B O SM ART
I M BP BR
Dent Part BB BF

Dr. Name Phone
Address St Zip
Patient Name Male Female
Case Due in Office by 5:00 PM on

Kindly Check Selection
FULL DENTURE ACRYLIC PARTIAL
CAST PARTIAL FLEXIBLE PARTIAL
Maxillary Mandibular
Custom Tray
Cast RPD Framework
Acrylic Base w/ Wax Rim
Setup Wax Try-in
Reset WTI to New Bite
Finish
Tooth Shade
Extractions
At Try-in At Final Delivery All Remaining Teeth None
Setup Wax Try-in
Ideal Setup Characterized Setup Copy Study Model
Copy Existing Denture
Denture Shades
Standard Pink Light Ethnic Dark Ethnic Very Dark Ethnic
Esthetic Clasp Options
Clear-Flex Pink Medium Pink Dark Pink Ethnic
Flexible Partial Shades
Pink Medium Pink Tissue Tone Pink Clear Ethnic

NIGHTGUARDS

Arch Choice Upper Lower
Hard Processed Acrylic
Hard Thermoplastic
Acrylic with Thermoplastic Inner
Comfort H/S (Hard-Soft)
Circle Color: Clear Blue Pink Green

NOTES:

SPORTSGUARDS

PROFORM SPORTSGUARD
Circle Color: Clear Blue Red White Black
Green Orange Yellow Purple

TEMPORARY-PROVISIONALS

Acrylic Flipper-Tooth #
Add Wire Clasps
Essix Temporary Bridge-Tooth #
Acrylic Provisionals-Teeth #
Abutments Teeth #
Pontic Teeth #
Splint Teeth #

Dentist's Signature Lic# Date

Net amount of invoice is due within 30 days of receipt of order. All balances beyond 30 days are subject to a 2% Late Fee per month not to exceed 24% per year.

