



**Shikosh**  
DENTAL LABORATORY

1526 S.E. Powell Boulevard Portland, Oregon 97202  
800.547.8539 P 503.238.7117 F 503.238.2518

**FOR LAB USE ONLY**

DOCTOR \_\_\_\_\_

DUE DATE \_\_\_\_\_

TIME \_\_\_\_\_

PLEASE PRINT CLEARLY

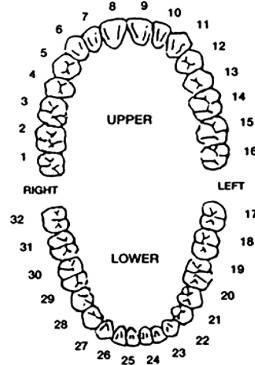
Patient Name \_\_\_\_\_

Male  AGE \_\_\_\_\_  
Female  \_\_\_\_\_

**CAST PARTIALS**

**DENTURES**

CASE DESIGN:  Lab's  Doctor's



- Custom Tray
- Base Plate/Bite Rim
- Set Up & Try In  Reset
- Finish & Process  Immediate

**TYPES:**

- VALPLAST
- CUSIL
- PROFORM
- BLEACHING TRAY

**NIGHT GUARD**

- Hard-Soft  Rigiflex  Hard

**STAGE:**

**Frame Try-In**

- Metal Only  w/ Wax Rim
- Teeth Set in Wax  Finish & Process

**TEETH**

SHADE: \_\_\_\_\_

MOLD: \_\_\_\_\_

- Classic  Portrait
- Bioform  Porcelain

**INSTRUCTIONS**

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Net amount of invoice is due within 30 days of order; all balances beyond 30 days are subject to finance charge of 1.5%. I agree to pay collection agency costs, attorney fees and court costs if this account is referred to collection.

Dr.'s Signature \_\_\_\_\_ License \_\_\_\_\_ Date \_\_\_\_\_