



Shikosha

DENTAL LABORATORY, INC.

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

Male

AGE

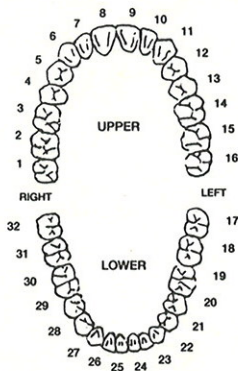
Female

Patient Name _____

CAST PARTIALS

DENTURES

CASE DESIGN: Lab's Doctor's



Custom Tray

Base Plate/Bite Rim

Set Up & Try In Reset

Finish & Process Immediate

TYPES:

Full Flipper

Repair Reline

VALPLAST

CUSIL

PROFORM

BLEACHING TRAY

NIGHT GUARD

Hard-Soft Rigiflex

STAGE:

Frame Try-In

Metal Only w/ Wax Rim

Teeth Set in Wax

Finish & Process

TEETH

SHADE: _____

MOLD: _____

Classic Portrait

Bioform Porcelain

INSTRUCTIONS

Dr.'s Signature _____ License # _____ Date _____