SDL Shikosha
DENTAL LABORATORY, INC.
1526 S.E. Powell Boulevard Portland, Oregon 97202
800.547.8539   P 503.238.7117   F 503.238.2518

DOCTOR	DUE DATE	TIME

PLEASE PRINT CLEARLY

Male ☐
Female ☐

AGE _____

Patient Name _____

CAST PARTIALS

CASE DESIGN: ☐ Lab's   ☐ Doctor's

UPPER
RIGHT — LEFT
LOWER

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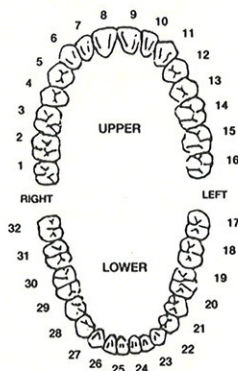
☐ Custom Tray
☐ Base Plate/Bite Rim
☐ Set Up & Try In   ☐ Reset
☐ Finish & Process   ☐ Immediate

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 _____