

**TO** **Dental Associates Laboratory, LLC**

3318 Successful Way  
Dayton, Ohio 45414

SUB-CONTRACTOR (If Needed)

[Empty box for Sub-Contractor Name]

Phone: 937-233-7898 Fax: 937-237-9522 Toll Free: 800-732-9817  
(PRIMARY CONTRACTOR)

**Removable Rx**

**FROM** \_\_\_\_\_ **WORK ORDER NUMBER** \_\_\_\_\_

**DR.** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**PATIENTS NAME OR IDENTIFICATION NUMBER** \_\_\_\_\_

**TYPE OF RESTORATION** \_\_\_\_\_ **AGE** \_\_\_\_\_

**(CONSTRUCT AND DELIVER TO THE UNDERSIGNED ONLY. THE HEREIN DESCRIBED DENTAL RESTORATION)**

**Please Send:**

**RX Forms**

**Try In**

**Finish**

**FRS**

**DUE DATE:**

[Empty box for Due Date]

**CASE DESIGN**

Full Upper

Partial Upper

Anterior Teeth:

Porc

Plastic

Full Lower

Partial Lower

Shade \_\_\_\_\_ Mold \_\_\_\_\_

Custom Tray

Repair

Posterior Teeth:

Porc

Plastic

Bite Block

Reline

Shade \_\_\_\_\_ Mold \_\_\_\_\_

Framework

Flipper

Economy Acrylic

Surgical Tray

Soft liner Vinyl

**SPECIAL INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ENCLOSED ITEMS**

PHOTOS  OTHERS

MODELS

BITE REGISTRATION

SHADE GUIDE

OLD CROWN

ARTICULATOR

**SHADE:**

Base Shade \_\_\_\_\_

Original

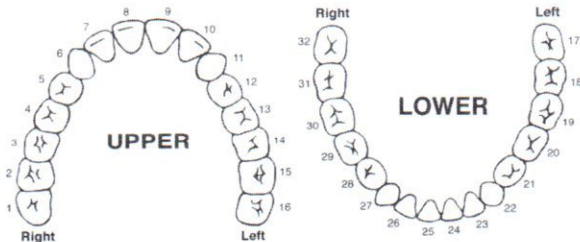
Lt. Pink

Lt. Reddish Pink

Dark Pink

Clear

Other \_\_\_\_\_



**SIGNATURE** \_\_\_\_\_

**LICENSE NUMBER** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Thank You!**