

**A Certified Dental Laboratory** specializing in implants, removables, and digital dentistry

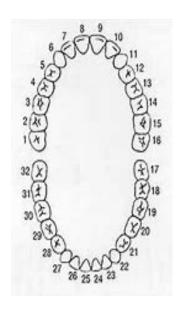
Dr	Phone:	Date	
Address	City	Zip	
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317-862-4200

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PLEASE DO NOT WRITE IN THIS SPACE

## **Design The Case**



Tooth Shade\_\_\_ Tooth Mould\_\_\_\_

Gum Shade\_\_\_\_\_

SHADE, OPPOSING, & FULL ARCH BITE MUST BE INCLUDED WITH **EACH CASE** 

## Please check appropriate item(s):

In date\_\_\_\_\_Pan#\_\_\_

Model\_\_\_\_\_DupMod\_\_\_\_

Tech\_\_\_\_Tech\_\_\_Tech\_\_\_

Aprv\_\_\_\_QCAprv\_\_\_\_AD\_\_\_

Acrylic Finish	5 days in lab
Base Plate & Rim	3 days in lab
Cast Framework	5 days in lab
Cast Framework with rims	7 days in lab
Cast Framework & Set-up	9 days in lab
Custom Tray	3 days in lab
DuraFlex Set-up & Finish	9 days in lab
DuraFlex Finish	6 days in lab
Full or Partial Set-Up	4 days in la
Hard Night Guard	4 days in lab
Hard/Soft Night Guard	4 days in lab
Minium Weld with repair	2 days in lab
Set-Up & Finish	9 days in lab
Soft Liner/Soft Reline	5 days in lab
1-2 Tooth Flipper w/o clasps	3 days in lab
1-3 Tooth Acrylic Partial w/clasp	5 days in lab
4 or more Teeth Acrylic Partial	9 days in lab

TIME REQUIRED IN LAB DOES NOT INCLUDE THE DAY

WE PICK UP OR DELIVER

DATE NEEDED\_\_\_\_TIME\_\_\_\_PM ALL DELIVERIES ARE GUARANTEED BY 4:00pm

## **INSTRUCTIONS**

7501 Southeastern Ave.	email:indianadental@yahoo.com	License number
Indianapolis, IN 46239	digital stl files:idpstl@yahoo.com	Dentist Signature

317-862-4200

upload stl files and make payments on website: www.indianadentalprosthetics.com