

Doctor: \_\_\_\_\_  
 Office Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Patient Name: \_\_\_\_\_

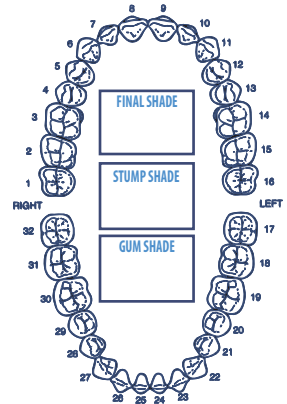
**Doctor Requested Due Date:** \_\_\_\_\_  
 delivery will be by 5:00pm

**Instructions:** \_\_\_\_\_



**the dental lab**  
 amsterdam - broadway - collins - cornerstone

call or text 215.293.9760  
 www.thedentallab.net  
 100 Wood St. Bristol, PA 19007



**Enclosed with case:**

- impressions       models
- bite registration     parts
- REMAKE/ORIGINAL work enclosed

- Call before starting case
- EMAIL ME if there is a problem on the case
- PHOTOS** - email to photos@cornerstonedl.com
- DIGITAL FILES** - email to digital@cornerstonedl.com

**THE DENTAL LAB FAVORITES**

- aesthetic zirconia
- milled all porcelain
- digital flexible denture (straight to finish)

**All Ceramic**

- pressed all porcelain
- veneer
- full contour zirconia
- layered zirconia

**Porcelain to Metal**

- base
- noble
- high noble white
- high noble yellow

**Implants (choose crown type first)**

- screw-retained
- cementable

**Abutments**

- titanium
- zirconia
- gold hue

**Dentures Step 1:**

- custom tray
- bite rim

**Dentures Step 2:**

- cast partial framework
- wax setup try-in (partial or full)  
order one

**Dentures Step 3:**

- acrylic full denture finish
- acrylic partial denture finish
- valplast partial denture finish
- snowrock partial denture finish

**DENTIST SIGNATURE REQUIRED**

**X** \_\_\_\_\_ **Date:** \_\_\_\_\_

Person signing this work form accepts sole responsibility/and business is responsible for payment, agrees to pay all legal and collection fees, even in event of lawsuit. All account(s) payments are due by date indicated on monthly statement. Any account not paid within stated terms will be subject to COD account status and a 1.5% NON-REFUNDABLE late charge per month.