

Doctor: _____

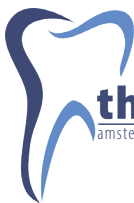
Office Address: _____

Phone Number: _____

Patient Name: _____

Doctor Requested Due Date: _____
delivery will be by 5:00pm

Instructions:



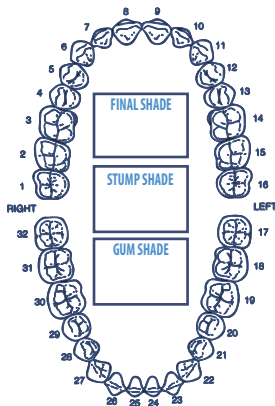
the dental lab

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. All account not paid within stated terms will be subject to COD account status and a 1.5% NON-REFUNDABLE late charge per month.