



lumident.net

(866) 586-4336

(317) 802-7878

5658 W. 73rd Street

Indianapolis, IN 46278

Dr _____
FIRST LAST

Street: _____

City: _____ State: _____ Zip: _____

Phone _____

Patient _____ MALE FEMALE

Due Date: _____ by 5:00pm

(Call in before 9:30am deliver after 3:30pm)

Same day service patient appointment time: _____

MOULD

Upper Lower

Anterior

Posterior

Tooth Shade

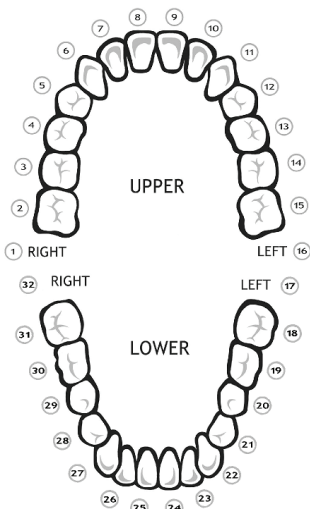
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RELINE

Upper Lower

Hard

Soft



Partials

- Frame Try in
- Bite Blocks
- Set-Up (Wax)
- Finish

Dentures

- Custom Tray
- Bite Blocks
- Set-Up (Wax)
- Finish

Other Options

- Flexible Partial
- Bite Splint
 - Hard/Soft
 - Upper Lower
 - Hard
 - Upper Lower
- Gelb Splint
- Mouthguard/Sportsguard

Please Call

Name on ID: _____

NOTES

SIGNATURE: _____ LICENSE # _____