



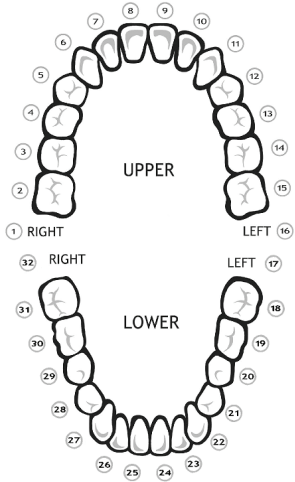
lumident.net  
 (800) 411-7472  
 (260) 422-8992  
 4218 Hobson Ct  
 Fort Wayne, IN 46815

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**



**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

Upper Lower

|           |  |  |
|-----------|--|--|
| Anterior  |  |  |
| Posterior |  |  |

Tooth Shade

**RELINE**

Upper Lower

|      |  |  |
|------|--|--|
| Hard |  |  |
| Soft |  |  |

Please Call

Name on ID: \_\_\_\_\_

**NOTES**

**SIGNATURE:** \_\_\_\_\_ **LICENSE #** \_\_\_\_\_

Return the white and yellow copies with the case. Retain the pink copy for your file.



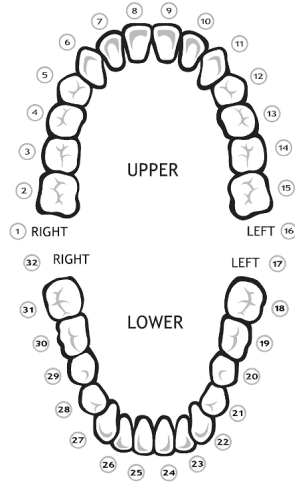
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