

George I. Zoller, CDT
SC License No. 465

RECEIVED

PAN #

LAB FINISH DATE



MOUNTAIN DENTAL LAB

9 Walden Ridge Dr., STE 30
Asheville, NC 28803 | 828-665-2257

RX DATE: _____

TRY- IN DATE _____

DUE DATE: _____

DR. NAME _____

PATIENT NAME Sex: M F Age: _____

DR. PHONE NUMBER _____

NIGHTGUARD

- Night Guard (Flat Plane)
- Essix Custom Night Guard

PARTIAL

- Acrylic
- DuraFlex
- Framework

ESSIX

- Essix Pontic Appliance
- Essix Mouth/Sports Guard

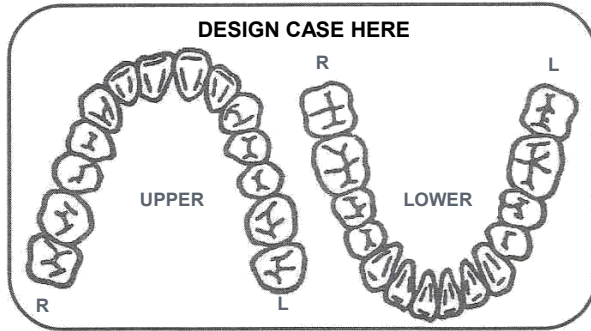
FULL DENTURE

- Premium (Lifetime Warranty)
- Circle One: IPN | VF | BlueLine
- Standard (10-Year Warranty)
- One Option: TruExpression MXL

MOULD

TISSUE SHADE _____

TOOTH SHADE _____



SPECIAL INSTRUCTIONS: _____

DENTIST SIGNATURE _____

DENTIST LICENSE # _____

ADDRESS/OFFICE LOCATION _____

PHONE # _____

FOR LAB USE ONLY:

TYPE IMP _____ OPPOSING _____ BITE _____
 PRE OP _____ PARTIAL _____ OTHER _____

INVOICE # _____