UNIQUE DENTAL LABORATORY

Since 2010

Specializing in dental prosthetics

5220 4th St. Suite 13 Irwindale, CA 91706

(626) 390-7952

OFFICE NAME _____

Doctor Name: _____

Address: _____

Patient Name: _____

DENTURE/PARTIALS

Pick-up Date: _____

WORKING DAYS (In the lab) Do not include pick-up day

*Please do not schedule patients on delivery day

Shade: _____

☐ Plastic
☐ Porcelain

	DUE DAY
☐ Full Upper	_____
☐ Full Lower	_____
☐ Immediate Upper	_____
☐ Immediate Lower	_____
☐ Upper Stayplate	_____
☐ Lower Stayplate	_____
☐ Metal Frame	Upper ☐ _____
☐ Flexible	_____
☐ Combo Metal	Lower ☐ _____
☐ Unilateral	_____

		DUE DAY
☐ Acrylic Base Bite Block	2 Days	_____
☐ Try-in w/ Teeth	4 Days	_____
☐ Finish Acrylic	5 Days	_____
☐ Finish Flexible	8 Days	_____
☐ Stayplate	4 Days	_____
☐ Frame work bite block	10 Days	_____
☐ Custom Trays	2 Days	_____
☐ Repair/Reline	*Please Call	_____

		DUE DAY
☐ Space Maintainer	8 Days	_____
☐ Hawley Retainer	8 Days	_____
Night Guard		
☐ Hard	5 Days	_____
☐ Soft	3 Days	_____
☐ Combo	5 Days	_____
☐ Bleaching Tray	2 Days	_____
☐ Clear Retainer	2 Days	_____

Crown & Bridge 10 Working Days

☐ PFM Non-Precious	☐ Inlay/Onlay	☐ Full Zirconia
☐ PFM Semi-Precious	☐ EMax	☐ Porcelain Veneer
☐ Full Metal(Semi Precious)	☐ Zirconia Layer	☐ Bruxzir

DUE DAY _____

Rx INSTRUCTIONS

Signature _____ License N° _____

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www.udlnet.com