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

☐ *Full Upper*
☐ *Full Lower*
☐ *Immediate Upper*
☐ *Immediate Lower*
☐ *Upper Stayplate*
☐ *Lower Stayplate*

☐ Metal Frame
☐ Flexible
☐ Combo Metal
☐ Unilateral

Upper ☐
Lower ☐

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