

REMOVABLE RESTORATIONS

Tooth Size (Circle):		Tooth Selection (Circle):	
 Small Medium Large		 Square Rounded Tapered	
Acrylic		High Dense Quality Tooth Shade	
<input type="checkbox"/> Conventional Acrylic <input type="checkbox"/> Injection Acrylic		<input type="checkbox"/> Light (199) <input type="checkbox"/> Medium <input type="checkbox"/> Dark	
		<input type="checkbox"/> Ivoclar <input type="checkbox"/> Vita	
Shade Selection			
A1 (60)	A4 (87)	B4 (77)	
A2 (62)	B1 (61)		
A3 (66)	B2 (61)		
A3.5 (81)	B3 (67)	Other: _____	
Design Case Here			
		Flipper (Up to 2 teeth) <input type="checkbox"/> 1 wd Temporary Partial <input type="checkbox"/> 4 wd Valplast <input type="checkbox"/> 4 wd Cusil Denture <input type="checkbox"/> 4 wd Night Guard <input type="checkbox"/> 4 wd Talon Night Guard <input type="checkbox"/> 4 wd Thermal Plastic Night Guard <input type="checkbox"/> 4 wd Bleaching Splint <input type="checkbox"/> 1 wd wd = working days	
		Base Plate <input type="checkbox"/> 1 wd Metal Try-in <input type="checkbox"/> 5 wd Set Up <input type="checkbox"/> 3 wd Process <input type="checkbox"/> 3 wd Process Valplast <input type="checkbox"/> 4 wd Cusil Process <input type="checkbox"/> 4 wd wd = working days	

QSP Quality Dental Lab

"The Secret Behind The Smile"

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INVOICE NUMBER

Need more lab slips

All RED Areas Are Required.

Doctor: _____ Clinic: _____

PLEASE PRINT!

Patient: _____

Phone: _____ Age: Sex: M / F _____

Address _____

Date: _____

Due Date: _____ **Time:** _____

Faster service available for \$25.00 per day.
 (Do not include day of Pick up and Delivery.)

Cases with improper due date will be charged with a rush fee

Rx Instructions

Same day service will need to be called in before 8:30 a.m. and ready to pick up no later than 9:00 a.m. Case will be delivered by 4:30 p.m.
 Thanks!

Has this case been disinfected? Yes No

Signature _____ Lic. No. _____

OVERDENTURES

- Locator Overdenture
- Bar Overdenture
- All-on-4 (Hybrid)

Upper	Lower	
<input type="checkbox"/>	<input type="checkbox"/>	Pour, Trim Model
<input type="checkbox"/>	<input type="checkbox"/>	Articulate/Mount
<input type="checkbox"/>	<input type="checkbox"/>	Index Incisal Edge
<input type="checkbox"/>	<input type="checkbox"/>	Remount w/ new bite
<input type="checkbox"/>	<input type="checkbox"/>	Duplicate Model
<input type="checkbox"/>	<input type="checkbox"/>	Custom Tray
<input type="checkbox"/>	<input type="checkbox"/>	Verification Jig
<input type="checkbox"/>	<input type="checkbox"/>	Wax Rim
<input type="checkbox"/>	<input type="checkbox"/>	Setup 6 Ant only
<input type="checkbox"/>	<input type="checkbox"/>	Full wax tooth setup
<input type="checkbox"/>	<input type="checkbox"/>	Bar Only Tryin
<input type="checkbox"/>	<input type="checkbox"/>	Bar + Wax Setup
<input type="checkbox"/>	<input type="checkbox"/>	Process and Finish

Repair

- Add Tooth # _____
- Repair Crack
- Mesh
- Reinforcement
- Fiber
- Reinforcement
- Wrought Wire
- Reinforced

Nightguards

- Essix (A) - Ortho Retainer
- Bleaching tray (Soft)
- Night Guard (Hard only)
- Night Guard (Soft / Hard)

Misc.

- Pour Implant Model
- Other

Checklist (Please ✓ items sent)

- Master Impression (Mi)
- Master Cast (Mx)
- Design Cast
- Opposing Cast
- Centric Occusal Record
- Study Models
- Photo