CALTON DENTAL LABORATORY

FULL SERVICE LABORATORY

P.O. Box 2669 • 119 SE 11th Avenue, Gainesville, FL 32602-2669
(352) 376-3041 • Fax (352) 376-3021
Email: caltondl@bellsouth.net
LARRY CALTON • *Owner*

Date .....

Doctor: ..... Patient: .....

Address: ..... Age..... Sex.....

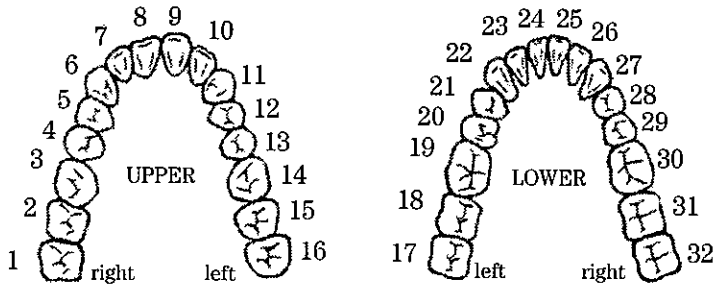
City.....State.....Zip .....

CASE NEEDED:

Date:.....Time:.....

additional instructions

REST & CLASP CASE: ***PLEASE DRAW***



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items with case

- ◯ Master model or impression
- ◯ Opposing Model
- ◯ Study Model of existing prosthetics
- ◯ Bite Registration
- ◯ Face Bow
- ◯ Articulator

partial denture

- ◯ Partial Upper
- ◯ Partial Lower

major connector

- ◯ Lingual Bar
- ◯ Lingual Plate
- ◯ Anterior Posterior Strap
- ◯ Palatal Strap
- ◯ Horse Shoe
- ◯ Full Palate
- ◯ Lab Select

full upper/lower denture

- ◯ Name in Denture .....
- ◯ Copy esthetics
- ◯ Immediate
- ◯ Reline
- ◯ Repair
- ◯ Custom Tray
- ◯ Cast Palate
- ◯ Upper
- ◯ Lower
- ◯ Temporary
- ◯ Rebase
- ◯ Bleaching Trays
- ◯ Bite Rim
- ◯ Implant Stent

facial characteristics

- ◯ Square
- ◯ Square Tapering
- ◯ Tapering
- ◯ Ovoid
- ◯ Dominant Right Side
- ◯ Dominant Left Side
- ◯ Diastema

teeth

Shade .....

Manufacturer .....

Anterior Mold .....

Posterior Mold .....

- ◯ Acrylic Lucitone 199
- ◯ Dark Patient Acrylic
  - ◯ Light ◯ Medium ◯ Dark

- ◯ Partial Frame Try-in
- ◯ Partial Frame Tooth Try-in
- ◯ Partial Frame Only
- ◯ Denture Finish
- ◯ Partial Frame Wax Rim
- ◯ Partial Frame to Completion
- ◯ Denture Tooth Try-in

doctors, please retain duplicate *(yellow)* copy

Signature: .....

License No. ..... State .....