NEC Dental Lab
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CUSTOMER: .....

DOCTOR: .....

PATIENT: .....

AGE: .....

☐ New Case ☐ Remake ☐ Male ☐ Female

REMOVABLE

Acrylic Full Denture
- ☐ Set-up
- ☐ Finish

Acrylic Partial Denture
- ☐ Set-up
- ☐ Finish

Valplast
- ☐ Set-up
- ☐ Finish

Miscellaneous
- ☐ Custom Tray
- ☐ Bite Block
- ☐ Metal strengthener
- ☐ Mesh
- ☐ Night Guard
  - ☐ Hard ☐ Soft ☐ Hard/Soft
- ☐ Bleaching Tray
- ☐ Denture Repair/Reline

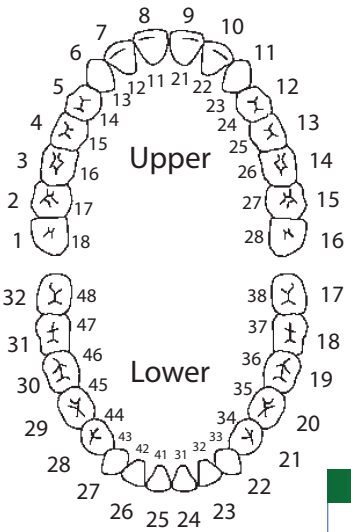
Cast Partial Denture
- ☐ Metal Frame Work
- ☐ Metal Frame Work - Teeth Try-In
- ☐ Metal Frame Work - Finish

Immediates
- ☐ Extract All
- ☐ Extract Tooth #.....

Teeth
- ☐ Standard Teeth
- ☐ Upgrade Teeth.....

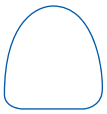
Case no: .....

Due date: .....



Enclosed With Case
- ☐ Impression U/L
- ☐ Bite
- ☐ Models U/L
- ☐ Photos
- ☐ Articulator
- ☐ Study model
- ☐ Crowns
- ☐ Others.....

Final shade



INSTRUCTIONS: