

STOLLER DENTAL LABORATORY, Inc.

110 1/2 E. Wabash St., Bluffton, IN 46714

Phone: (260) 824-3206 • (800) 824-3086

stollerdentallab.com • stollerdentallab@gmail.com

Dr. _____ Date / /

Address _____ City _____ State _____ Zip _____

Patient's Name or Case No. _____

Date Needed / / By 4:00 Tri-In Finish

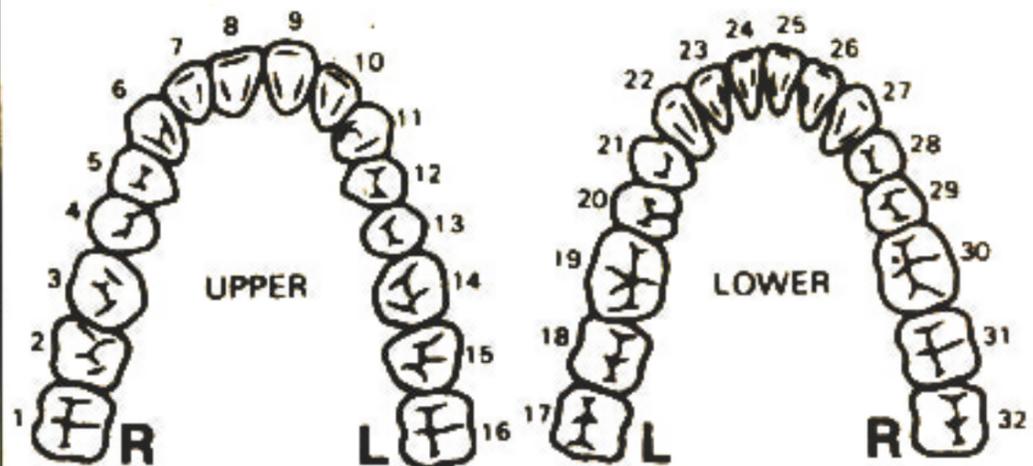
Shade _____ Type of Teeth _____ Mould _____ Esthetics Male Female Age _____

DENTURE DEPARTMENT

- Model
- Custom Tray
- Bite Rims
- Immediate
- Relief
- Post Damm
- Complete Denture
- Surgical Matrix
- Thin Labial
- Thick Labial
- Stippling
- Mill

TYPE OF BASE RESIN

- Lucitone (Fibered)
- IVO CAP (Injected)
- Other (Specify) _____



	Upper	Lower
Hard Reline		
Repair		
Soft Reline		

Full Lap



Sanitary



Modified



CERVICAL BAND

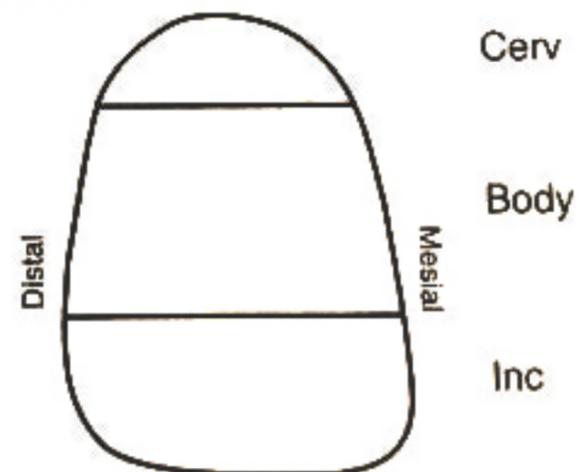
- Buccal
- Lingual

CROWN AND BRIDGE DEPARTMENT

- Nobel Metal
- High Nobel Metal
- Non-Precious
- Specify _____

- Inlay
- Full Cast Crown
- Porcelain Veneer Crown
- Veneer
- Full Cov.
- Porcelain Veneer Pontic
- Veneer
- White
- Yellow
- E max Press
- E max Layered
- Bruxzir Anterior
- Zirconia Framework
- Zirlux Full Contour
- Full Cov.

Comments:



- Occlusal Stain Light Heavy

Signature _____

D.D.S.

License No. _____