

STOLLER DENTAL LABORATORY, Inc.

7224 Engle Rd, Fort Wayne, IN 46804

Phone: (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

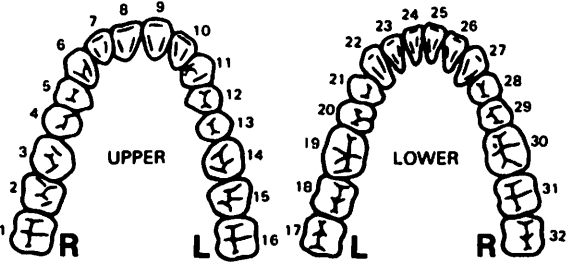
Shade _____ Type of Teeth _____ Mould _____ Esthetics Male Female Age _____

DENTURE DEPARTMENT

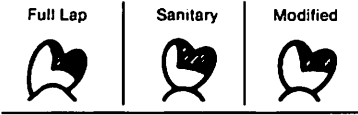
- Model
- Custom Tray
- Bite Rims
- Immediate
- Relief
- Post Damm
- Complete Denture
- Surgical Matrix
- Thin Labial
- Thick Labial
- Stippling
- Mill

TYPE OF BASE RESIN

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



	Upper	Lower
Hard Reline		
Repair		
Soft Reline		



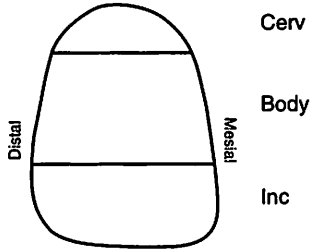
CERVICAL BAND

- Buccal
- Lingual

CROWN AND BRIDGE DEPARTMENT

- Nobel Metal Non-Precious
- High Nobel Metal Specify _____
- Inlay White E max Press
- Full Cast Crown Yellow E max Layered
- Porcelain Veneer Crown Bruxzir Anterior
- Veneer Zirconia Framework
- Full Cov. Layered Zirconia
- Porcelain Veneer Pontic Zirconia Full Contour
- Veneer Full Cov.

Comments: _____



- Light
 - Heavy
- Occlusal Stain

Signature _____ D.D.S. License No. _____

INVOICE NO.

388415

LABORATORY COPY

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