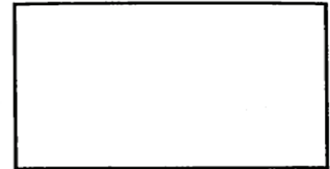
DEPOT DENTAL LABORATORY, INC.

152 E. Irving Park Road, Wood Dale, IL 60191

Est. 1965
www.depotdental.com
(630) 616-1021 main
(630) 816-1490 direct



Doctor ______________________________ Phone #: ______________
PLEASE PRINT CLEARLY

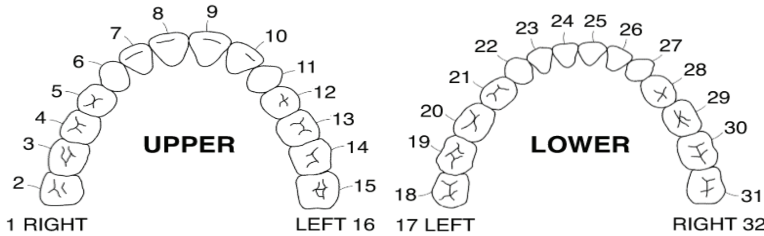
Address ______________________________

Patient ______________________________ Sex: ❑ M ❑ F Age: ______________

Date ______________ **Due Date:** / /

REMOVABLE

℞ SPECIFIC INSTRUCTION



SHADE # ______

❑ ***FUD***	❑ ***FLD***
❑ ***PUD*** ❍ Frame Work ❍ Valplast ❍ Valplast Combo ❍ Acrylic	❑ ***PLD*** ❍ Frame Work ❍ Valplast ❍ Valplast Combo ❍ Acrylic
❑ ***Stay Plate***	❑ ***Night Guards*** ❍ Upper ❍ Lower ❍ Combo (Soft / Hard) ❍ Hard ❍ Soft
❑ ***Custom Tray*** ❑ ***Reline*** ❑ ***Repair***	❑ ***Bite Block Only*** ❑ ***Bite Block with Metal Frame*** ❑ ***Teeth Try In - Shade*** ______ ❑ ***Finish***
Brand Type ❑ Economy ❑ Premium ❑ Porcelain	**Gum Shade** ❑ Original ❑ Red Pink ❑ Light Pink ❑ Dark Pink

Special Order Teeth (Extra Charge)

❑ Anterior Shade ______ Mold ______
❑ Posterior Shade ______ Mold ______
Brand ______________

Dr. Signature: ______________________

License No. ______________________

(Rev. 6/2017)