

WEBER DENTAL LABORATORY, INC.

1120 So. Ft. Thomas Ave., Ft. Thomas, Kentucky
(859) 781-4600

(Mailing Address: Box 72338, Newport, KY 41072-0338)

Today's Date _____

KY Registration # L0001

Dr. _____ Phone# _____

Dentist Address _____

City/State/Zip _____

Patient Name _____ Male Female Age _____

Time Wanted:

Monday		Tuesday		Wednesday		Thursday		Friday	
AM	PM	AM	PM	AM	PM	AM	PM	AM	PM

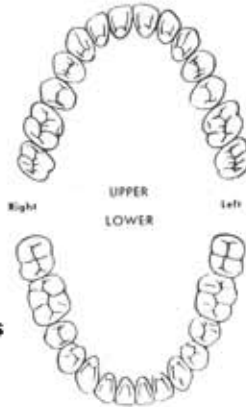
TYPE OF RESTORATION

Max. Full Dent.
Mand. Full Dent.
Max. Partial Dent.
Mand. Partial Dent.

New Case	
Tray	
Bite	
Try-in	
Finish	

Reset	
Reproduce	
Reline	
Repair	
EMA	

Use this diagram when designing your case.



Teeth _____ Shade _____ Mould _____ Type _____

Material:

Acrylic Flexible Chrome All Cast Wrought Wire Clasps

Instructions: (Continue on back if needed)

Rx

Signature _____

D.D.S.

D.M.D Lic# _____

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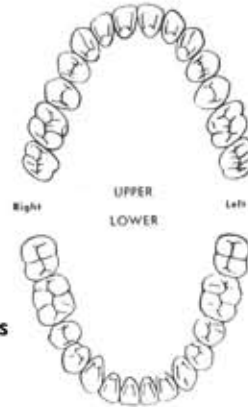
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