

WILLIAMS DENTAL LAB, INC.
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 Outside California (800) 713-5390
 www.williamsdentallab.com



DOCTOR _____

PATIENT _____

PICK UP DATE / /

DELIVERY DATE / /

BY 5:00 P.M.

BRAND, SHADE & MOULD OF TEETH TO BE USED.

TRUBLEND™ SLM™ PLASTIC TEETH With Clinical Life Guarantee <input type="checkbox"/> TRUBLEND ANTERIORS <input type="checkbox"/> TRUBLEND POSTERIOR <input type="checkbox"/> 33° SLM <input type="checkbox"/> 30° SLM P.T.® <input type="checkbox"/> 22° SLM BOSTABIL™ <input type="checkbox"/> 20° SLM <input type="checkbox"/> 10° SLM ANATOLINE® <input type="checkbox"/> 0° SLM MONOLINE®	PORTRAIT IPN <input type="checkbox"/> PORTRAIT ANTERIORS <input type="checkbox"/> PORTRAIT POSTERIOR <input type="checkbox"/> 10° <input type="checkbox"/> 20° <input type="checkbox"/> IVOCCLAR	ANTERIOR SHADE _____ MOULD _____	PARTIAL DESIGN
POSTERIOR SHADE _____ MOULD _____			

INSTRUCTIONS

TRAY BITE-RIM METAL-TRYIN TEETH-TRYIN FINISH

ACRYLICS

- IVOCAP
- IVOCCLAR

ANTERIOR SETUP

- Ideal
- Characterized
- Midline Marked
- High Lip Line
- Proper Lip Support with Bite Rim

DISINFECT EVERY CASE

Dentist's Signature: _____ License #: _____