



PENN LABS

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DIGITAL DENTAL SOLUTIONS®

REV: 08/2018

522 E. Southern Ave., Phoenix, AZ 85040 - 844-223-6233 - email@pennlabs.com - www.pennlabs.com

FROM WORK ORDER NUMBER _____ DATE _____

DR. _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PATIENT'S NAME OR IDENTIFICATION NUMBER _____

TYPE OF RESTORATION _____

DATE WANTED TRY-IN _____ AM / PM FINISH _____

(CONSTRUCT AND DELIVER TO THE UNDERSIGNED ONLY THE HERIN DESCRIBED DENTAL RESTORATION)

BRAND, SHADE & MOULD OF TEETH TO BE USED

<p>YOUR PREFERENCE ACRYLIC TEETH</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> 33°</p> <p><input type="checkbox"/> 20°</p> <p><input type="checkbox"/> 10°</p> <p><input type="checkbox"/> 0°</p>	<p>IMPERIAL - VIVO PREMIUM IPN HARDENED ACRYLIC TEETH</p> <p><input type="checkbox"/> IMPERIAL-IPN VIVO ANTERIORS</p> <p><input type="checkbox"/> IMPERIAL-IPN VIVO POSTERIORS</p> <p><input type="checkbox"/> 33°</p> <p><input type="checkbox"/> 20°</p> <p><input type="checkbox"/> 10°</p> <p><input type="checkbox"/> 0°</p>	<p>DYMON-HUE HPT CLASSIC IPN HARDENED ACRYLIC TEETH</p> <p><input type="checkbox"/> DYMON-HUE HPT ANTERIORS</p> <p><input type="checkbox"/> DYMON-HUE HPT POSTERIORS</p> <p><input type="checkbox"/> 33°</p> <p><input type="checkbox"/> 20°</p> <p><input type="checkbox"/> 10°</p> <p><input type="checkbox"/> 0°</p>
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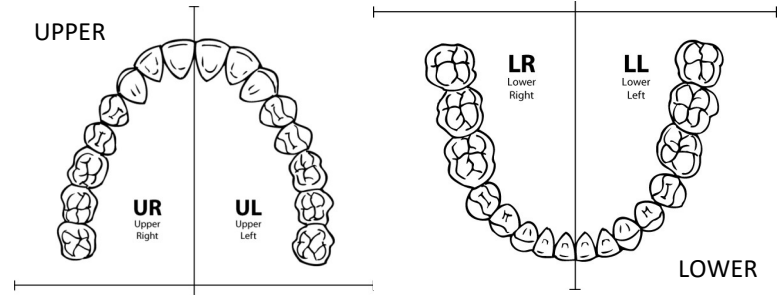
	ANTERIOR		POSTERIOR	
UPPER	SHADE	MOULD	SHADE	MOULD
LOWER	SHADE	MOULD	SHADE	MOULD

INSTRUCTIONS

DENTIST LICENSE NUMBER _____ DATE _____

PERSONAL SIGNATURE OF DENTIST _____

DESIGN CASE HERE



INSTRUCTIONS (Continued)

FACIAL CHARACTERISTICS

CHECK BASIC FACE FORM **CHECK FACIAL ASYMMETRY** MALE FEMALE

SQUARE SQUARE TAPERING DOMINANT RIGHT SIDE VIGOROUS SOFT

TAPERING OVOID DOMINANT LEFT SIDE AGE _____