Dynamic Dental Laboratory LLC

REMOVABLE & SCREW RETAINED SPECIALISTS

7 0 2 - 5 0 2 – 1 8 1 8

www.DynamicDentalLab2014.com

Office/DR: _____

Patient: (first) _____

(last) _____

Assistant: _____

Date: _____(Requests by 1pm guarantee same day pick up)

Due: _____ **[ ] RUSH [ ]Implant [ ] Upgrade**

ALL CASES DELIVERED BY END OF DAY (3-5pm).
DO NOT COUNT DAY OF PICK UP/ HOLIDAYS/ WEEKENDS

- » Hard Reline / acrylic repair / 1-2 stay plate = *SAME DAY
- » Custom Tray = 2 days
- » Bite Registration / 3-4 stay plate = 3 days
- » Teeth Try-in / visual set up / Night Guard = 6 days
- » Process & Finish / Dynamic Flex Finish = 8 days
- » Immediate Straight to Process & Finish = 10 days
- » Cast Metal Frame / Thermoplastic Finish = 15 days

Please indicate which fee schedule:
  [ ] Tier I   [ ] Tier II   [ ] Tier III
In Office Assistance Appointment with Technician
  [ ] YES! Please contact me to schedule.

Stage & Instructions. Provide requested changes in measurement amounts:

SHADE:

[ ] I have reviewed the impression(s)/ model(s)/setup, special requests, deviations from work completion days and instructions being sent.

_____
Dentist's Signature (Required)
I understand my signature indicates my agreement to the terms and conditions listed on www.DynamicDentalLab2014.com