

LANTZ

Dental Prosthetics, Inc.

6490 Wheatstone Ct., Maumee, Ohio 43537
Phone: (419) 866-1515 • 1-800-788-5385 • Fax (419) 866-1541
Email: lantzdental@gmail.com

FROM:






DR. _____

Address _____

City _____

Phone # _____

Delivery Date

Please schedule appt.      after delivery date. _____

Please Do Not Count Saturdays, Sundays, Holidays, or Days in Transit as Work Days.

PATIENT'S NAME

OR IDENTIFICATION NO. _____

The following components have been sent to expedite the fabrication of this patients case:

___ Articulator ___ Old Partial/Denture ___ Upper/Lower models

___ Photos/Slides ___ Mounting Jigs ___ Teeth

___ Impression trays ___ Study Models ___ Bite Registration

Additional Items _____

Specify denture finish & characterization:

___ Regular finish

___ Mild

___ Hydrocast finish

___ Moderate

___ Custom stain

___ Severe

INSTRUCTIONS:

SUPPLIES REQUIRED

☐ BOXES FOR LOCAL ACCOUNTS ONLY

☐ RX FORMS

☐ SHIPPING LABELS

CASE TO BE:

{ FOR TRY-IN _____

{ COMPLETED _____

☐ MONDIAL (Pala)

☐ BIOBLEND IPN

☐ BIOFORM IPN

☐ VITAPAN

☐ IVOCLAR

☐ PORTRAIT IPN

☐ OTHER

ANTERIOURS
SHADE MOULD

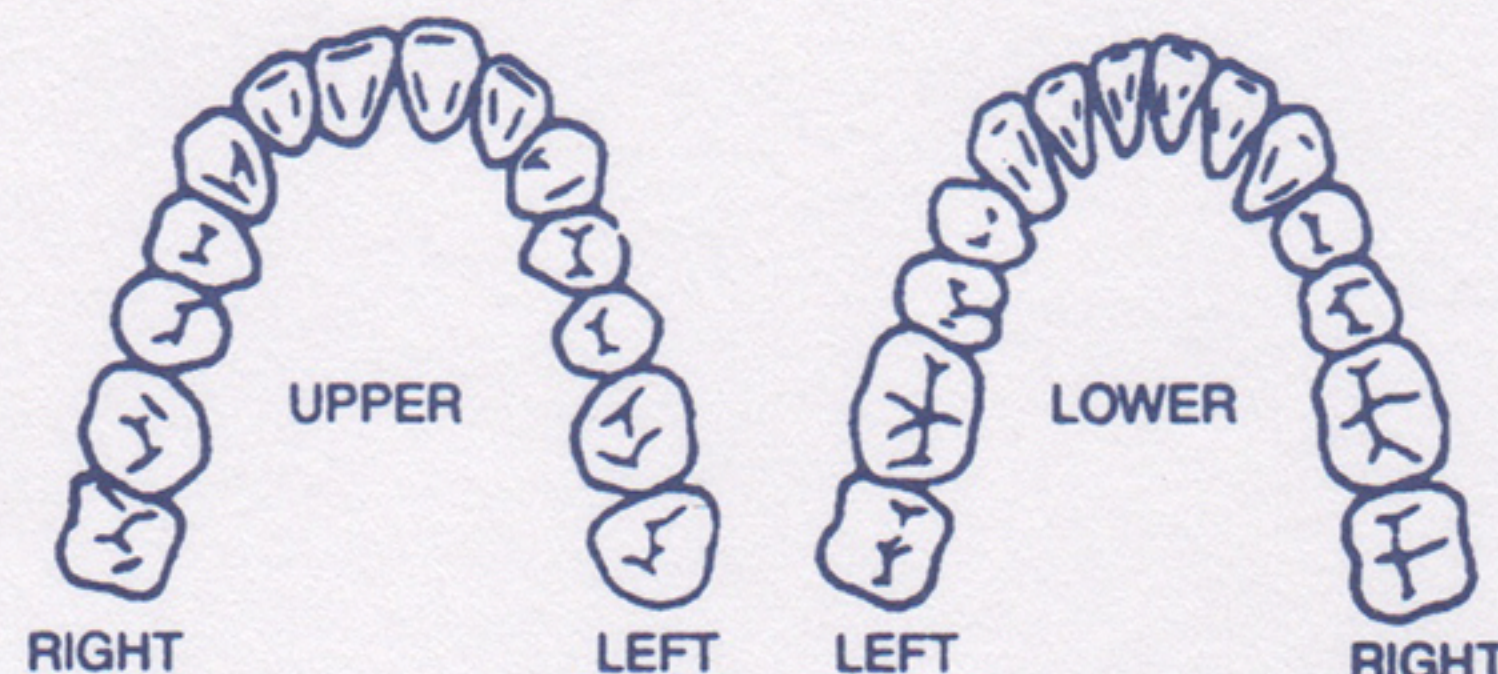
POSTERIOURS
SHADE MOULD

ALMA GAUGE READING
CLASS _____

☐ PORCELAIN ☐ PLASTIC

	upper rim	lower rim	upper try-in	lower try-in
Vertical				
Horizontal				

DESIGN CASE HERE



McCracken - Krol designed frames
Multi-Sectional Frames (European Design)
Please call to discuss

Please note - All frames 4 working days in the Lab

☐ Nobileum Alloy - All American made.

☐ Wironium Alloy.

☐ Vitallium Alloy.

☐ Laser

DENTIST'S LICENSE NUMBER _____ DATE _____, 20____

PERSONAL SIGNATURE OF DENTIST _____