HERMANSON LEMKE
A MICRODENTAL LABORATORY

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HermansonLemkeDental.com

Removable Rx

DOCTOR INFORMATION

FOR LAB USE ONLY

Pan No. _____

Case Needed
Date: _____
Time: _____

Date: _____
Patient: _____
Sex: _____ **Age:** _____
Shade: _____ **Mold:** _____
F/F M/M

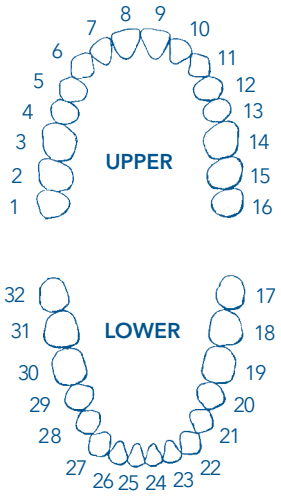
TYPE OF RESTORATIONS

- ❍Custom Tray
- ❍Occusal Rim
- ❍Set Up and Finish
- ❍Set Up for Trial
- ❍Reset to Check Bite
- ❍Immediate
- ❍Finish
- ❍Repair
- ❍Reline
- ❍Acrylic Splint
- ❍Snore Appliance

TEETH

Ivoclar
- ❍Economy
- ❍Premium

Dentsply
- ❍Portrait (Special Order)



MATERIAL

- ❍Ivobase Original
- ❍Ivobase Medium
- ❍Ivobase Dark
- ❍Ivotion Milled
- ❍Printed Monolithic Try-In
- ❍Duraflex

PARTIAL FRAMEWORK

- ❍VisiClear
- ❍Cast Frame
- ❍Bent Wire
- ❍Stiffener Bar
- ❍Acetyl Resin

_____
Dentist's Signature (Required)

PLEASE SEND ❍ Shipping Boxes ❍ Rx Forms ❍ Shipping Labels

Person signing this authorization accepts sole responsibility for payment and agrees to pay all legal and collection costs in the event of suit, including reasonable fees. By law, dentist's signature will authorize MicroDental Laboratories to construct, alter, or repair the restoration described on this requisition.

ADDITIONAL INSTRUCTIONS

NOTE: Please use blue or black ink when completing this form.