



Hanaa Dental Lab

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Please Print

Doctor's Name: _____

Address: _____

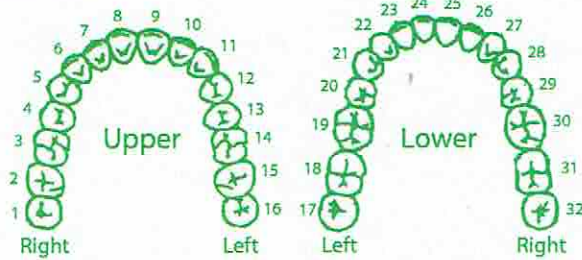
City/State/Zip: _____

Patient Name: _____

Age: _____ Male Female Due Date: _____

Contagious Diseases: HIV Hepatitis

Other _____



Shade: _____

Try-In Finish

Mould: _____

DENTURES

Upper Lower
 Immediate Immediate

Economy Standard
 Custom Tray Occlusal Rim

PROCESS (Acrylic Type)

Nature - Cryl

Lucitone

Ethnic Mild Original (Standard)
 Ethnic Moderate Light
 Ethnic Heavy Light Reddish Pink
 Dark Pink

PARTIALS

Upper Lower

Valplast® Metal Framework
 Try-In Frame Try-In
 Set and Finish Frame with Bite Block
 Add Metal Frame (Combo) Frame with Set-up
 Frame with Finish
 All Acrylic Partial Add wire/ball clasp
 Try-In
 Finish

SEND MORE: RX's Boxes

Date: _____ License No. _____

Dr.'s Signature: _____