

TO

Cynosure Dental Laboratory, LLC

3205 Kirby Whitten Pkwy, Suite 106

Bartlett, TN 38134-2851

Tim Lane, CDT — (901) 388-1969 — cynosurer@gmail.com

FROM

DATE ____/____/____

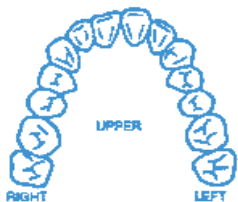
DR. _____

ADDRESS _____

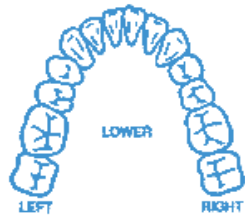
CITY _____ STATE _____ ZIP _____

PATIENT'S NAME _____ SEX: _____ AGE: _____

DATE DUE ____/____/____ **Bite Rim** **Try In** **Finish**



- DENTURE**
- CAST PARTIAL**
- VALPLAST**
- ACRYLIC RPD**



<input type="radio"/> GOLD	<input type="radio"/> SILVER	<input type="radio"/> BRONZE
<input type="radio"/> IPN	<input type="radio"/> TruExpressions	<input type="radio"/> Classic
SHADE: _____ Anterior Mould: _____ / _____		
<input type="radio"/> 0°	<input type="radio"/> 10°	<input type="radio"/> 20°
<input type="radio"/> 33°	<input type="radio"/> 40°	
<input type="radio"/> Gingival Toning	TISSUE SHADE: <input type="radio"/> L199 <input type="radio"/> LT <input type="radio"/> LRP <input type="radio"/> LE <input type="radio"/> ME <input type="radio"/> DARK	
<input type="radio"/> AED <input type="radio"/> ID <input type="radio"/> Surgical Tray	VALPLAST SHADE: <input type="radio"/> Light Pink <input type="radio"/> Light Meharry	

INSTRUCTIONS:

DENTIST LICENSE # _____ DATE ____/____/____

SIGNATURE: _____

Time Schedule

Bite, Dual, Reline, Reset, & Repair	1
Setup, Rebase	2
Finish After Try-in	3
Setup and Process & Finish	4
Metal Framework	10

Please begin count the day after case is received in the lab.

Multiply by 1.5 for Bronze service.



www.CynosureDental.com

RUSH SERVICE available:
+25% COMPOUNDED FOR EVERY DAY TAKEN OFF THE SCHEDULE.

INSTRUCTIONS cont.

FACIAL CHARACTERISTICS

BASIC FACE FORM

- SQUARE SQUARE TAPERING
 OVOID TAPERING

FACIAL ASYMMETRY

- DOMINATE SIDE: RIGHT LEFT
 VIGOROUS SOFT