

Cynosure Dental Laboratory, LLC

3205 Kirby Whitten Pkwy, Suite 106

Bartlett, TN 38134-2851

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FROM

DATE ____/____/____

DR. _____

ADDRESS _____

CITY _____ STATE ____ ZIP _____

PATIENT'S NAME _____ SEX: ____ AGE: ____

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



UPPER LOWER
☐ DENTURE ☐
☐ CAST PARTIAL ☐
☐ VALPLAST ☐
☐ ACRYLIC RPD ☐



☐ GOLD	☐ SILVER	☐ BRONZE
IPN	Fricke Eledent	Classic
SHADE: _____ Mould: _____ / _____		
☐ 0° ☐ 10° ☐ 20° ☐ 33° ☐ 40°		
☐ Gingival Toning	TISSUE SHADE: ☐ L199 ☐ Light Ebony ☐ Med Ebony ☐ DARK	
☐ AED ☐ ID ☐ Surgical Tray	VALPLAST SHADE: ☐ Light Pink ☐ 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 ☐ OVOID
- ☐ SQUARE TAPERING
- ☐ TAPERING

FACIAL ASYMMETRY

- DOMINATE SIDE:** ☐ RIGHT ☐ LEFT
- ☐ VIGOROUS ☐ SOFT