



Iverson Dental Laboratories

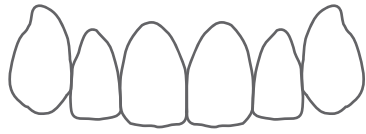
14437 Meridian Parkway Riverside CA 92508

Ph: (800) 334-2057

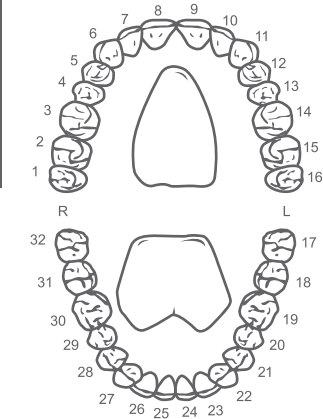
Fx: (951) 710-6359

www.iversondental-labs.com

SHADE _____



- CUSTOM TRAY
- BITE BLOCK
- VERIFICATION JIG
- DIAGNOSTIC SETUP
- RESET TEETH
- PROCESS TO FINISH



★ STANDARD IF NOT SPECIFIED

DATE: _____

DR. _____ PHONE# _____

PATIENT _____

FINISH DATE BY 5:00PM _____

APPROX. AGE _____

MALE

FEMALE

• REMOVABLES RX •

DENTURES

- DENTURE
- STAYPLATE W/ 1 TOOTH (INDICATE ADD TEETH)
- DENTURE / PARTIAL REPAIR
- DUPLICATE DENTURE
- CLEAR STANDARD

METAL PARTIALS

- CHROME COBALT★
- VITALIUM
- HYBRID
 - VALPLAST
 - TCS
 - FRS

FLEXIBLE PARTIALS

- VALPLAST
- TCS
- FRS

PARTIAL DESIGN

- LAB SELECT
- ESTHETIC DESIGN (VALPLAST / TCS / FRS)
- METAL CLASP _____
- CLASP CHOICE _____
- TOOTH NUMBERS _____

TOOTH SELECTION

- STANDARD (INCLUDED AT NO ADD. CHARGE)
- RESIN
- COMPOSITE
- BRAND _____

ACRYLIC SHADE

- LIGHT★ MEDIUM
- DARK ETHNIC

TOOTH SET-UP

- IDEAL★
- MATCH STUDY MODEL
- CHARACTERIZED

SALIWELL GENNARINO

- LEFT ELECTRODES RIGHT ELECTRODES

DENTURE REINFORCEMENT

- METAL STRAP
- MESH REINFORCEMENT

DIGITAL DESIGN

- SICAT (INCLUDES KIT)
- NOBEL GUIDE
- IDEAL SCAN APPLIANCE
(RADIO GRAPHIC TEETH W/ REDUCED RADIOGRAPHIC MUCOSAE)

IMPLANT PLACEMENT STINTS

- CLEAR RADIO - OPAQUE

TOOTH #'S _____

NIGHT GUARDS / SPLINTS

- UPPER LOWER
- COMFORT (HARD / SOFT) ECLIPSE HYBRID
- COMFORT (HARD) TALON HYBRID
- SOFT SPLINT ASTRON CLEAR SPLINT
- BLEACH TRAY PROCESSED ACRYLIC
- ADD BALL CLASPS

IMPLANT REMOVABLES

- LOCATOR OVER DENTURE / PARTIAL
- BALL ABUTMENT OVER DENTURE / PARTIAL
- HYBRID
- HADER BAR
- DOLDER BAR
- LOCATOR ON BAR _____
- OTHER _____

IN CASE OF TIGHT OCCLUSAL CLEARANCE

- SPOT OPPOSING
- CALL

ENCLOSED WITH CASE

- IMP MODELS BITE PHOTOS RETURN FOR TRY-IN

OTHER _____

SIGNATURE _____

D.D.S. LICENSE # _____

TERM: NET 30 DAYS
2% SERVICE CHARGE / OVER
30 DAYS COST OF COLLECTION
OF ANY ACCOUNT WILL BE
PAID BY THE CUSTOMER

CONVERSATION LOG

FOR LAB USE ONLY

DR. _____ ACCT# _____

PATIENT _____

RE: _____

RESULT: _____

DATE DUE IN OFFICE _____



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WWW.IVERSONDENTAL-LABS.COM

IN-LAB WORKING TIMES

ALL RUSH CASES MUST BE PRE-SCHEDULED

BY CALLING 800-334-2057 BEFORE THE CASE IS SHIPPED.

TIME OF PICK-UP AND DELIVERY MAY AFFECT TURNAROUND TIME.

PFM / FCZ / E.MAX	5 DAYS
PORCELAIN FUSED TO ZIRCONIA	7 DAYS
FULL CAST RESTORATIONS	4 DAYS
IMPLANTS RESTORATIONS	7 DAYS
IDEAL PROVISIONALS / IDEAL SMILE DESIGN	4 DAYS
CUSTOM ABUTMENTS (3 UNITS OR LESS)	8 DAYS
BITE BLOCK	3 DAYS
SET TEETH IN WAX	4 DAYS
PROCESS TO FINISH	4 DAYS
SET-UP & FINISH	8 DAYS
SOFT / HARD RELINES	1 DAYS
CUSTOM TRAYS	3 DAYS
BLEACHING TRAYS	3 DAYS
HARD / SOFT SPLINTS	4 DAYS
HARD SPLINTS	4 DAYS
SOFT SPLINTS	3 DAYS
THERMOPLASTIC (START TO FINISH)	7 DAYS
PARTIAL FRAME	5 DAYS
FINISH THERMOPLASTIC	4 DAYS