



**Artisan Dental Laboratory**

2532 SE Hawthorne  
Portland, OR 97214

1-800-222-6721 • (503) 238-6006 • (503) 231-3684 FAX

**REMOVABLE**

Doctor \_\_\_\_\_ Patient \_\_\_\_\_

Address \_\_\_\_\_ Age \_\_\_ M  F

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Date \_\_\_\_\_

Same Day (5 pm)

**Due Date**  
 Express Service (Add'l Fee)

Cases will be delivered by 5:00pm on due date

**Full Denture**

Age  20-30 Youthful  31-50 Middle age  51+ Mature

Gender  Male  Female

Shade \_\_\_\_\_

Set up / Try in  Finish Case

**Occlusal Guards**

- Artisan Digital Bruxguard (ADB)
- NG 360
- Milled Occlusal Guard (Acrylic)

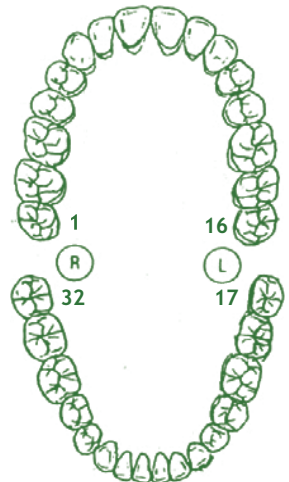
**Partial Denture**

- Design & Estimate Only
- Conventional Clasp (CoCr)
- Esthetic Clasp (Hidden Clasp)
- Thermoflex Clasp (Acetal Resin) on CoCr Frame
- Visiclear / DuraFlex Clasp on CoCr Frame
- DuraFlex
  - Try in
  - Finish Case

- Frame Only
- Frame & Bite Block
- Frame & Teeth

Shade \_\_\_\_\_

\_\_\_ Please call me \_\_\_ Photos sent to: [photos@artisandental.com](mailto:photos@artisandental.com)



Rx Number: \_\_\_\_\_

**Terms:** Net 30 days. **Late charge:** A penalty for late payment of 1 3/4% per month (21% per annum) will be added to all accounts 30 days past due.

**Please Send**  
 Rx (Fixed)  Rx (Removable)  
 Boxes  Mailing Labels

Doctor Signature \_\_\_\_\_

License Number \_\_\_\_\_

(Remember to select Shade, Age, Gender, and Due Date)

# LAB USE ONLY

DOC ARTIC  ARTIC  PHOTOS \_\_\_\_\_

IMPRESSIONS \_\_\_\_\_

MODELS \_\_\_\_\_ BOA \_\_\_\_\_

BITE \_\_\_\_\_ CR or BR \_\_\_\_\_

DENT or PART \_\_\_\_\_

IMPLANT PARTS \_\_\_\_\_

OTHER \_\_\_\_\_

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_