



Monde Dental Lab

"The Economical Solution"

Doctor _____

Street _____

City, State, Zip _____

Phone _____

Patient Name _____

M/F _____

Approx. Age _____

Dr. Signature _____

License No. _____

Date _____

Tel.: 1-306-351-0188
Email: service@MondeDentalLab.com

Return by 5 pm on _____

Please Allow 10 working days. Does not include arrival or delivery time.

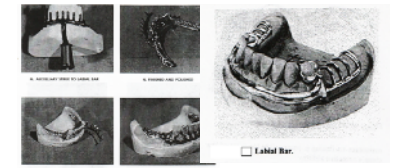
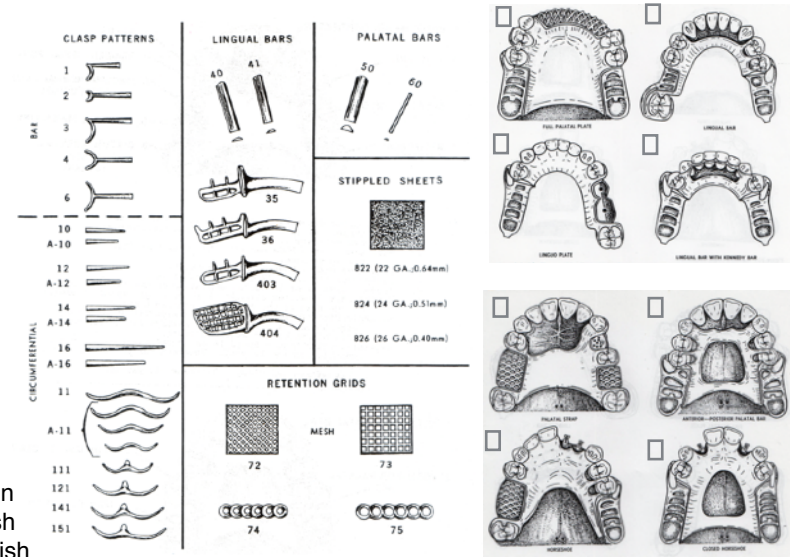
Coupon Code _____

Supplies Needed

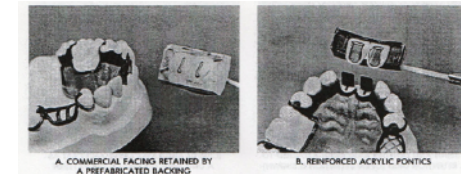
- Rx Slips Shipping Labels Need 2 Sets
- Boxes Bio Bags Need ___ Sets

Removable Dentures

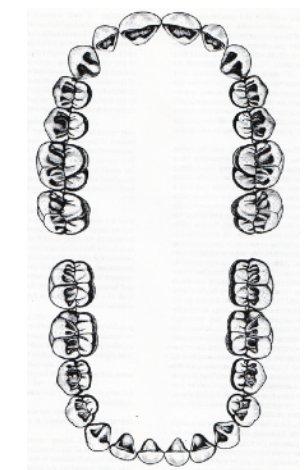
- Upper Lower
- Framework Nobillium Ultra Partial Try in
- FRS Flexible Partial Partial Finish
- Immediate Denture Valplast Finish
- Nightguard Finish Arylic
- BIOTONE**



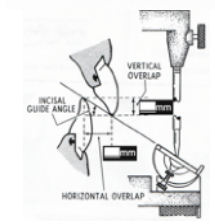
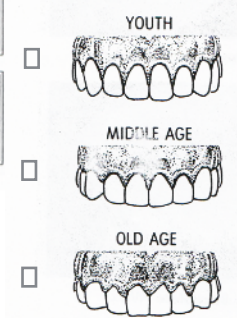
- Labial Bar with lock
- Labial Bar



- Metal Backing Pin
- Metal Backing



PATIENT'S AGE	NECK SCALLOP	PAPILLA SHAPE
YOUTH	CIRCLE	POINTED
MIDDLE AGE	OVAL	IN BETWEEN
OLD AGE	"V"	BLUNT



Vertical ___ MM

Horizontal ___ MM

BASIC FACE FORM

MODIFIED OR SOFTENED FORM

YOUTH

MIDDLE AGE

OLD AGE

Case Attachments

- Impressions
- Bites
- Stone Models
- Implant Screws
- Trays Enclosed
- Implant Abutments
- Implant Analog
- Framework Attached
- Set up teeth Enclosed
- Denture Enclosed