

\*\*\* ALL CONTACT INFO IS REQUIRED \*\*\*



**STOMADENT**  
FULL SERVICE DENTAL LAB

503 SW 5th Ave.  
Meridian, ID 83642  
208-888-1927

Doctor: \*

Office Name: \*

Street: \*

City: \*

Ph: \*

**Teeth Selection**

- Econ
- Basic
- Premium
- Signature

Mold

Shade \*

**Vital Information**

RX Date: \*

Due Date: \*

AM: \_\_\_\_\_

PM: \_\_\_\_\_

Patient Name: \*

Age: \_\_\_\_\_

Sex:  M  F

**Personality**

- Soft
- Medium
- Vigorous

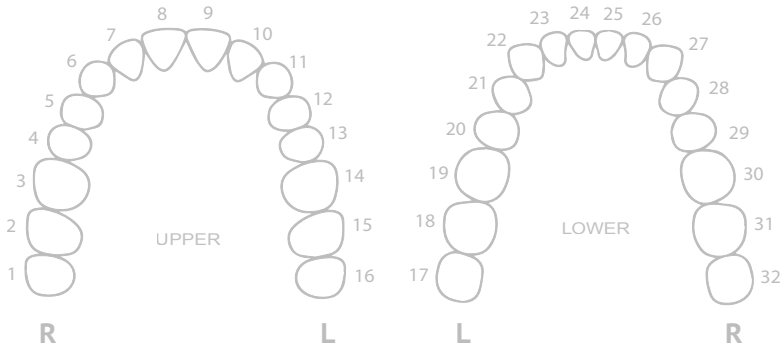
**Face Shape**

- Oval
- Taper
- Square
- Rectangular

Call Doctor

**INSTRUCTIONS**

- Try-In
- Process
- View Only



**TYPE OF RESTORATION**

**Partials**

- Milled Titanium
- Cast Metal
- Valplast
- Milled Acetal Resin
- Acrylic Base

**Dentures**

- Full Denture
- Immediate Denture
- Milled Denture
- Printed Denture

**Other**

- Repair
- Reline
- Nightguard (soft \_\_\_ hard \_\_\_)
- Flipper

**Send more:**

- Lab Slips
- Mail Labels
- Boxes

Dr. Signature \*

License No. \*