

BUSTLETON DENTAL LAB
11624 BUSTLETON AVENUE
PHILADELPHIA PA 19116
(215) 583-5511

FROM:

DR. _____

ADDRESS _____

TELEPHONE _____

CITY _____ STATE _____ ZIP _____

PATIENT'S NAME _____

TOOTH SHADE _____

DUE DATE _____

FULL DENTURE; UPPER _____ LOWER _____

PARTIAL DENTURE; UPPER _____ LOWER _____

METAL FRAMEWORK _____

VALPLAST _____

ACRYLIC WITH WIRES _____

ACRYLIC NO WIRES _____

PLEASE WRITE DETAILS FOR YOUR CASE; _____

LICENSE NUMBER _____ DATE _____

PERSONAL SIGNATURE OF DENTIST: _____