Hershberger
Dental Laboratory, Inc.

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Fax. 623.934.4073
7220 N. 55th Avenue
Glendale, Arizona 85301
Email: hershdl@qwest.net
hershbergerdental.com

Doctor | Telephone

Patient's Name

Street | City, State/Country, Zip

Approximate Age

M F

Today's Date	Date Due

Signature

Please construct and deliver to me the dental restoration described herein.

Partial Denture Castings

- Teeth ☐
- Articulator Sent ☐
- Upper Casting ☐
- Lower Casting ☐
- Duplicate Model ☐

Finish Clasp:

- Light ☐
- Medium ☐
- Heavy ☐

Major Connector

- Horseshoe ☐
- Palatal Bar ☐
- Circular Bar ☐
- Lingual Plate ☐
- Mesh Palate ☐
- Strength Bar ☐

Clasping

- Roach ☐
- RPI ☐
- Akers ☐
- Wrought Wire ☐
- PGP ☐
- GOLD ☐

- Bite Rim ☐
- Set-up for Try-in ☐
- Set-up & Process ☐

OK to relieve opposing? Yes ☐ No ☐

OK to change clasp type? Yes ☐ No ☐

Unless otherwise specified, all cases are processed with Ivoclar vivodent teeth

Acrylic Anterior _____

Acrylic Posterior _____

Porcelain Anterior _____

Porcelain Posterior _____

_____

Shade

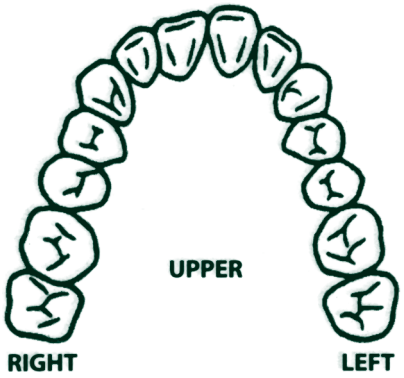
Dentist Signature _____

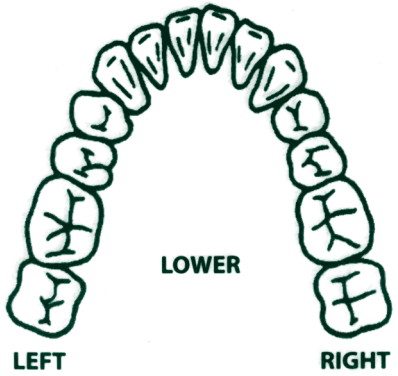
License # _____

Phone consultation necessary with doctor? Yes ☐ No ☐

Design Case Here

Shade _____





Special Instructions (Please Print)

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"Crafting Quality, Creating Solutions"

Certified Dental Laboratory

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