

Riverside Designs Dental Laboratory, Inc.

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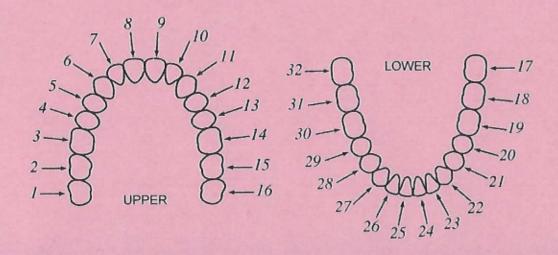
Case Pan # _____

Date Received:

From				Patient Information			
DoctorAddressCityDate Wanted: Try-In	State AMPM Finish_	ZipAMPM		Phone Number_	ases:		
Please Send:	□ RX Forms	Q.E	Boxes		□ Other		
Dentures □ Custom Tray □ Bite Block □ Set-Up □ Processed Base Finish □ Conventional Packing □ Success Injection 199 Shade:	☐ Flexible C		mework ce njected Resin	Orthodontic Nite Guard Gelb Appliance Retainer TPA or LHA Space Maintainer	Repairs Reline Denture Repair Laser Weld Teeth New Tek Ivoclar PE Portrait IPN Other		

Design Case Here

Additional Instructions



Signature_____

Dentist License Number_____