PERRIN
DENTAL LABORATORY LTD.

227 West 6th Ave
Vancouver BC V5Y 1K7
perrindental@gmail.com

Direct : 604-732-4497
Tel : 604-732-4437
Tel : 604-732-4461

Client Name: .....

Address: .....

Patient:..... / ..... ○ *male* ○ *female*
First *Last*

Deliver case by 4:30 pm on .....

Cast Partial Denture(s)

- ○ Frame only
- ○ Frame with Acetal Resin Clasps
- ○ Frame with Bite Block
- ○ Frame with Teeth for Try-In
- ○ Process and Finish

Major Connector Design

Maxiliary	**Mandibular**
○ Lab Design	○ Lab Design
○ Palatal Strap	○ Lingual Bar
○ Horseshoe	○ Lingual Apron
○ Open Palate	○ Kennedy Bar

Full Denture(s)

- ○ Set-up for Try-In
- ○ Process only
- ○ Process and Finish

Night Guard(s)

- ○ **Thermo**
- ○ **Hard**
- ○ **Hard/Soft**

Crown Bridge

- ○ Temporary Crown
- ○ E. Max
- ○ PFM
- ○ **Veneer**
- ○ **Zirconia**
- ○ **Lab Analog**

Shade Mould

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Client's Signature .....

Specific Instructions

☐ Call me ☐ Send more Rx-Pads