NOTES:

Denture

U L

- ☐ ☐ Occl. Rim
- ☐ ☐ Custom Tray
- ☐ ☐ Other ________
- ☐ ☐ Other ________

Partial

U L

- ☐ ☐ Chrome/Cobalt
- ☐ ☐ Premium Chrome/Cobalt
- ☐ ☐ w/Occl. Rim

Anterior Set-Up

- ☐ Ideal
- ☐ Characherized
- ☐ Study Model

Denture/Teeth

- ☐ Classic
- ☐ Premium
- ☐ Other

Shade ________

Brand ________

Mould ________

Acrylic Shade

- ☐ Standard
- ☐ Ethnic
  - ☐ Mild
  - ☐ Moderate
  - ☐ Heavy

Checklist

- ☐ Male ☐ Female
- ☐ Age
- ☐ Midline Marked
- ☐ High Lip Line
- ☐ Proper Lip Support

Partial Design

- ☐ Lab Design Complete

MAJOR CONNECTORS

U L

- ☐ ☐ Lab Select
- ☐ Palatal Strap
- ☐ Horshoe
- ☐ Dbl. Platal Bar
- ☐ Lingual Bar
- ☐ Lingual Apron
- ☐ Double Bar

SADDLE AREAS

- ☐ ☐ Lab Select
- ☐ ☐ Mesh
- ☐ ☐ Mesh w/posts
- ☐ ☐ Mtl. Pads w/posts
- ☐ ☐ Open Face Dummy
- ☐ ☐ Metal Dummy

REST AREAS

- ☐ ☐ Lab Select
- ☐ ☐ Mesial Rest
- ☐ ☐ Distal Rest
- ☐ ☐ Cingulum Rest

CLASP OPTIONS

- ☐ ☐ Lab Select
- ☐ ☐ Infra Buldge (I or G bar)
- ☐ ☐ Akers
- ☐ ☐ Other ________

Dr. Signature ______________________ License # ________

We Need: ☐ Mailing Boxes ☐ RX forms ☐ Fee Schedule ☐ Product Info.

KARAS K DENTAL LABORATORY

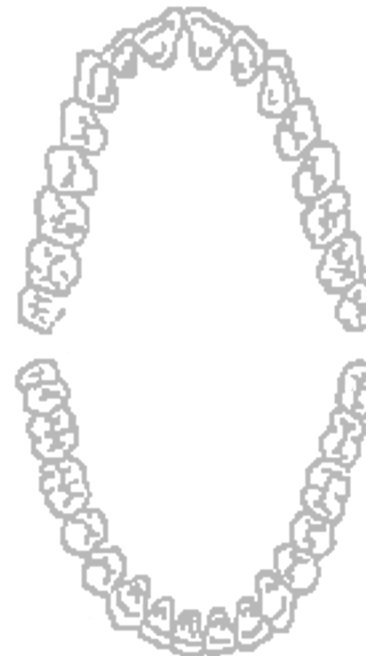
13736 Johnson St. NE Suite 300
Ham Lake, MN 55304
Phone: 763-754-0426
Toll Free: 1-877-750-0426

Dr. Name: ______________________

Patient Name: ______________________

Time Wanted: ________ ☐ FINISH ☐ TRY-IN ☐ CALL ME

DR. DESIGN



LAB DESIGN

LAB USE ONLY	Pan #	Initials	Invoice #