ANKA DENTAL LAB

PRECISION. ESTHETICS. EXCELLENCE.

586-243-6209
ankadentallab@hotmail.com
Your Partner in Quality Dental Restorations

DATE OF TODAY: _____ PATIENT NAME: _____ DOCTOR NAME: _____

1 RESTORATION TYPE

FULL DENTURES

- ☐ Standard
- ☐ Premium

METAL FRAME PARTIALS

- ☐ Standard
- ☐ Premium

METAL FREE PARTIALS

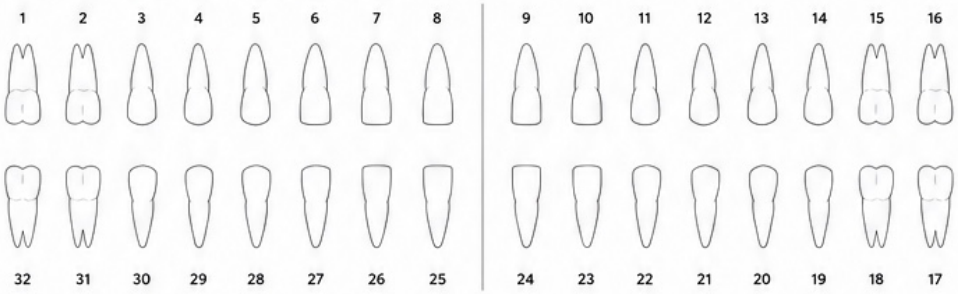
- ☐ Acrylic Partial
- ☐ Flexi Partial

ADDITIONAL INSTRUCTIONS / DESIGN REQUESTS

_____

2 TOOTH SELECTION

SELECT TEETH (PLEASE INDICATE TOOTH NUMBERS)



ARCH

- ☐ Upper
- ☐ Lower
- ☐ Upper & Lower

QUADRANT (OPTIONAL)

- ☐ UR ☐ UL
- ☐ LR ☐ LL

3 DESIGN & MATERIALS

CUSTOM TRAY / BITE

☐ Custom Tray ☐ Bite Rim ☐ Try-In ☐ Complete

TOOTH MOULD: _____

ACRYLIC SHADE: _____

INSTRUCTIONS / SPECIAL REQUESTS

_____

_____

_____

4 CROWNS & BRIDGE

- ☐ PFM
- ☐ TEMPORARY
- ☐ FULL CAST
- ☐ FULL ZIRCONIA
- ☐ LAYERED ZIRCONIA
- ☐ ECONOMY FULL ZIRCONIA

SHADE: _____

INSTRUCTIONS

LAB USE ONLY

CASE #: _____ RECEIVED BY: _____ DATE RECEIVED: _____ DUE DATE: _____ QC BY: _____

Thank you for trusting Anka Dental Lab with your cases.