

ESTHETIC  
DENTAL ARTS

4630 EUBANK BLVD. NE ALBUQUERQUE, NM 87111  
800-447-0727 505-293-6373  
WWW.EDALABS.COM

DR: \_\_\_\_\_ PATIENT: \_\_\_\_\_  
STREET: \_\_\_\_\_  
CITY/STATE/ZIP: \_\_\_\_\_ REQUESTED COMPLETION DATE: \_\_\_\_\_  
PHONE: (\_\_\_\_\_) \_\_\_\_\_

**VITRUVIAN DENTURE DETAIL**

**Full Denture**

Upper  Lower

Set Teeth for Try-In

Process & Finish

**Shade**

Teeth: \_\_\_\_\_ Mould: \_\_\_\_\_

Denture Base Shade:

Original  Light Pink  
 Light Reddish Pink  Dark Pink

**Partial Denture**

Upper  Lower

Metal Frame  
 Metal Frame & Teeth Setup for Try-in  
 Process and Finish

**Eclipse Reline**

Upper  Lower

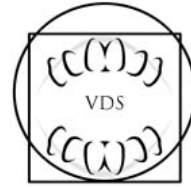
*INSTRUCTIONS*

Dr. Signature: \_\_\_\_\_ License #: \_\_\_\_\_

*FOR LAB USE:*  
DATE RECEIVED: \_\_\_\_\_ PAN # \_\_\_\_\_

Have you included the following?

- Upper Impression
- Lower Impression
- Shade



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