



**ANDERSON DENTAL
LABORATORY, INC.**

2819 Gulf Fwy • La Marque, TX 77568
409-935-1488 Toll Free 1-800-529-9752

• REMOVABLE APPLIANCE Rx •

Dr.'s Name _____ Date Sent _____ Return Date _____

Patient's Name _____ Male Female

Enclosed w/Case Impressions Models Bite Photos Other: _____

**DENTURES & FLEXIBLE
PARTIALS**

BPS Premium Classic (Economy)

Functional Esthetic Control Base: _____

High Lip Line _____ Low Lip Line _____

TCS Flexible TCS with Metal Rest

Acrylic Partial WW Claps _____

Custom Tray Occlusion rim

Wax set up try-in Finish

Acrylic Shade: _____

Ethnic: Lt Med Dk

TCS Shade: _____

Ivostar (included at no extra charge)

Shade _____ Mould _____

Premium Brand Teeth (extra charge applies)



Signature _____ Licence No. _____

**NIGHTGUARD
BITE SPLINTS**

Upper Lower

Talon Thermo

Talon Thermo Dual

Ivocap Heat Cured Hard

Suckdown Soft

Turn-Around Schedule

Procedure	Days in Lab
Functional Esthetic Control Base	6
Occlusion rim or Custom Tray	3
Set-up for Try-In or Process/Finish	5
TCS Processing	5
Framework Try-In Only	7
With Set-up	10
Denture Repair	1
TCS Repair	5
Metal Repair	(Time will vary according to complexity)
Relines	1
Flipper - up to two teeth	5
Nightguard	5

Please Note:

*Turn-around times DO NOT include
Fridays, Pickup - Delivery - Mailing
Days, or Weekends.*

FRAMEWORK

Wironium (Premium)

Durallium (Classic Economy) Finish

TCS Combo Rebase

Frame try-in Reline

Frame with occlusion rim Wrought Wire Clasp

Frame try-in with teeth

DESIGN PARTIAL

Lab Design

