℞

Must Have Signature

Personal Signature of Dentist

Dental Gaines Lab, Inc.

620 Perimeter Dr. Suite 204 • Lexington, KY 40517
(859) 268-8103 • Fax: (859) 268-2643

Lab Registration #L0011

Date _____

From:
Dr. _____

Address: _____

City _____ State _____

Patient's
Name or Case No. _____
(Please Print Clearly)

Implant Cases:
Type of Abutment **Titanium** ☐
Zirconia ☐

Cement Retained ☐
Screw Retained ☐

- Lab will cement ☐
- Dr. will cement ☐

Opposing ☐
Bite Record ☐
Pre-Op Model ☐
Shade ☐

Framework Try In _____
Seat Date _____
How to be returned _____