DENTURE

JU Genesis LAB
SINCE 2010

23362 Madero Suite G Mission Viejo, CA 92691 I **Call :** (949) 297-8668 I **Email :** info@jugenesis.com

DENTISTRY INFORMATION		
1. OFFICE	DENTISTRY NAME	
2. DOCTOR	FIRST NAME	LAST NAME

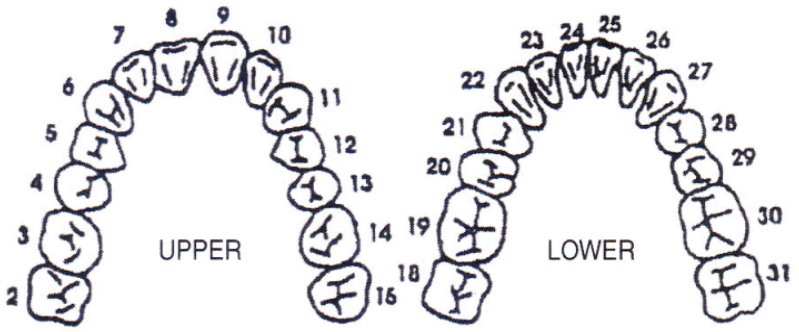
PATIENT INFORMATION				
1. NAME	FIRST NAME	LAST NAME		
	*Please **PRINT** a patient's name. Some handwriting is difficult to read (and results in production delays).			
2. DUE DATE	/ /	**3. SHADE**		*** AGE :** (**M** / **F**)

DENTURE OPTIONS					
☐ CUSTOM TRAY		☐ FULL DENTURE		*** NIGHT GUARDS**	*** OTHERS**
☐ WAX RIM / FRAME TRYIN		☐ PARTIAL DENTURE (W/ METAL)		☐ TALON NG	☐ NTI APPLIANCE
☐ TEETH TRYIN (TEETH SETUP)		☐ ALL ACRYLIC PARTIAL (NO METAL FRAME)		☐ HARD OUT SOFT IN	☐ CLEAR RETAINER
☐ FINISH		☐ IMMEDIATE DENTURE		☐ HARD NG	☐ HAWLEY RETAINER
☐ UPPER	☐ LOWER	☐ STAYPLATE		☐ SOFT NG	
☐ RELINE	☐ REPAIR	☐ VALPLAST	☐ CLEAR CLASP		

INSTRUCTIONS

☐ **REDO**

* Reason :



LICENSE # : _____

SIGNATURE : _____

Cerec Sirona : Ju Dental Lab **iTero :** 20390 **3Shape :** judentlab@gmail.com **DDX Portal** / **Meditlink** / **CS connect:** Ju Genesis Lab

*** TERMS** : NET 30 DAYS **5%** SERVICE CHARGE OVER **30** DAY COST OF COLLECTION OF ANY ACCOUNT WILL BE PAID BY CUSTOMER

Unless previously noted or requested, JU Genesis Lab will be milling FDA approved NON-BRANDED custom abutments. **www.jugenesis.com**