

# CHAMPLAIN DENTAL LABORATORY

60 Timber Lane, So. Burlington, VT 05403 (802) 863-3556 800-498-7200

## PARTIAL DESIGN CASE PRESCRIPTION

Dr.: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Pt. Name: \_\_\_\_\_ Pt. Scheduled: \_\_\_\_/\_\_\_\_/\_\_\_\_

Sex: M F Age: \_\_\_\_\_ TRY-IN \_\_\_\_\_ FINISH \_\_\_\_\_

### INSTRUCTIONS:

DESIGN CASE HERE



UPPER



LOWER

Dentist's Signature \_\_\_\_\_

License No. \_\_\_\_\_

Please Send:

\_\_\_\_\_ Labels

\_\_\_\_\_ Rx Pads

\_\_\_\_\_ Boxes