Okun Dentistry
& LABORATORY

Practice Name: _____ **Dr.:** _____

Phone: _____ **Email:** _____

Patient Name: _____

Case TYPE (Check All That Apply):

☐ Full Upper ☐ Full Lower ☐ Upper Partial ☐ Lower Partial ☐ Immediate

☐ Reline – Chairside / Lab ☐ Repair ☐ Duplicate ☐ Add Tooth/Clasp ☐ Flipper

☐ Other: _____

Teeth Shade: _____ **Acrylic Shade:** _____

Bite/Occlusion Information

☐ Open Bite ☐ Edge to Edge ☐ Crossbite ☐ Normal

Attachments included:

☐ Impressions ☐ Bite Registration ☐ Models ☐ Old Denture ☐ Photos

Instructions / Notes:

_____

_____

_____

Doctor Signature: _____ Date: _____

Okun Dentistry Mesa
7448 E Main St.
Mesa, Arizona 85207

P: 480-396-8684
F: 480-807-5510

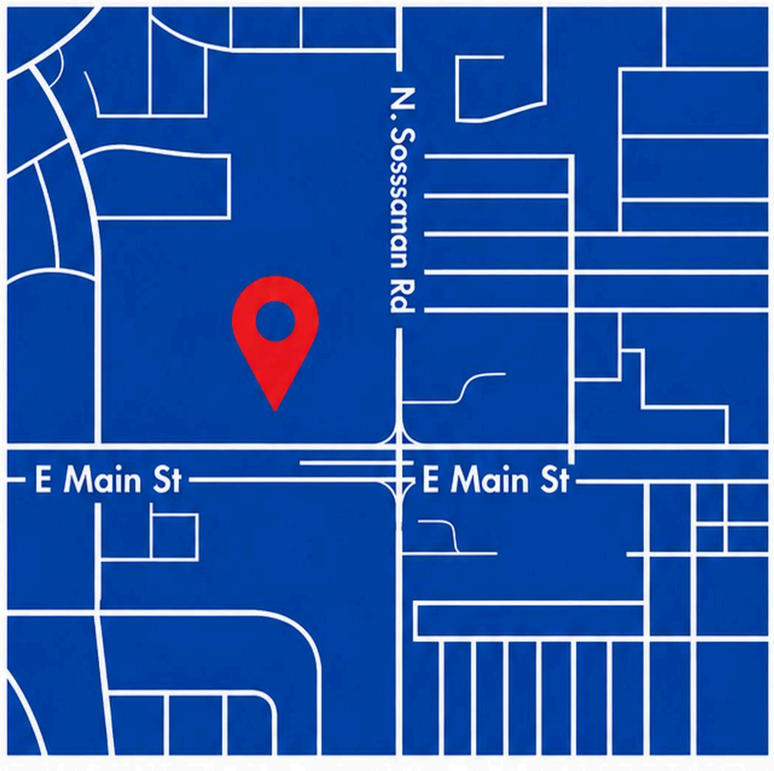
E: Mesa@OkunDentistry.com
www.okundentistry.com

Thank you for choosing

Okun Dentistry
& LABORATORY

Quality you can trust.
Partnerships that last.

Okun Dentistry Mesa



7448 E Main St.
Mesa, Arizona 85207