



BP Dental

Tel/Fax: 310-328-3229

2340 Plaza Del Amo, Ste. 225, Torrance CA 90501
ask@bleuprofond.com

Doctor's Name: _____

Group Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Patient Last Name: _____

Patient First Name: _____ Male/Female

Dentist Signature: _____

License#: _____

SHADE _____

- Portrait IPN Premium VITAPAN
- Bioform IPN Premium VITA PHYSIODENS
- Bioblend IPN Premium
- Porcelain
- Others: _____

*If brand is NOT available or indicated, Portrait IPN will be used.

Acrylic Shade

- Original Light Pink Dark Pink
- Light Reddish Pink Custom Tinting (Additional Fee)

Enclosed Item

- Impression Opposing Bite Tray Gold Ceramic
- Articulator Implant Parts: _____
- Others: _____

Date Due-Deliver Case by 5 P.M. on _____

Return Case for:

- Frame Try-In Only
- Teeth Try-In
- Frame Try-In w/ Bite Block
- Reset Try-In
- Frame Try-In w/ Teeth
- Finish

*If box is NOT marked, lab will proceed with next step.

Clasping:

- Akers (# _____)
- I-Bar (# _____)
- Wrought Wire (# _____)
- Others (# _____)

Rests:

- Mesial Rest (# _____)
- Distal Rest (# _____)
- Cingulum Rest (# _____)

Call Me

