



SOUTHDALE OFFICE CENTRE
6750 FRANCE AVE. S. - SUITE 216
EDINA, MN 55435
(952) 831-7211

Doctor: _____

Patient: _____

TRIAL	MON.	TUES.	WED.	THURS.	FRI.	
<input type="checkbox"/>						
FINISH						
<input type="checkbox"/>						

SHADE MOLD AGE FEMALE MALE

- CUSTOM TRAY SET UP / TRY IN SET UP & FINISH
- BITE RIM RESET / TRY IN FINISH
- REPAIR RELINE

- LUCITONE 199 (ORIGINAL)
- LUCITONE LRP (PINK)
- LUCITONE 250 (MEDIUM)
- LUCITONE 500 (DARK)

www.andersondentalstudio.com

*e-mail photos to: mike@andersondentalstudio.com

Signature _____ D.D.S. License No. _____



Envelopes	R Forms	Mailing Labels	Bags	Boxes
Custom Tray		Model	Repair	
Bite Rim		Implant Model	Clasp	
Set Up		Duplicate Model	Laser Weld	
Set Up / Finish		Articulate	Reline	
Reset		Analogs	Essix Retainer	
Finish		Attachments	Night Guard	
Teeth Anteriors		Partial Frame	Surgical Template	
Teeth Posteriors		Stiffner	Barium Template	
Mouthguard		Wire	Add. Charge	

