



BLUE BOX DENTAL LABORATORY

107 N. BROOKS STEET
PELAHATCHIE, MS 39145

1-877-825-1690

WWW.BLUEBOXDENTAL.COM

Partials and Dentures

Doctor _____ Patient _____ Phone _____ Due Date _____

Address _____ City _____ State _____ Zip _____

Partials and Dentures

- Partial Framework
- Complete Partial
- Acrylic Partial
- Bite Block
- Set Up for Try In
- Immediate
- Repair
- Process and Finish
- Flexible Partial
- Full Denture
- Night Guard (___ Hard ___ Soft)
- Flexi-Guard Thermal Night Guard
- Custom Tray

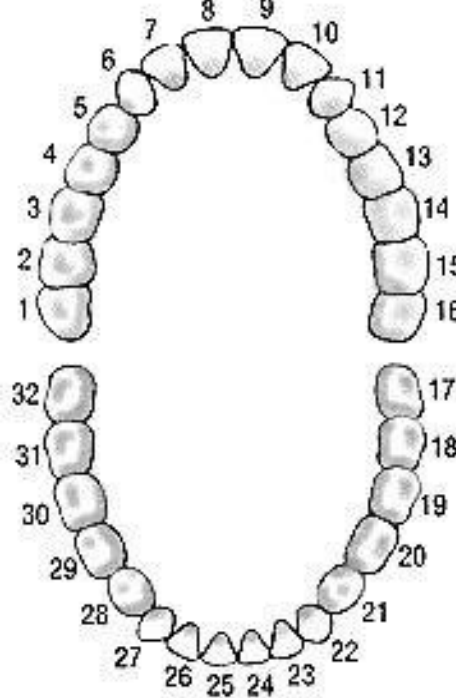
Acrylic

- Regular
- Lucitone 199
- Dark /Ethnic
- Blend/Medium

Please send us:

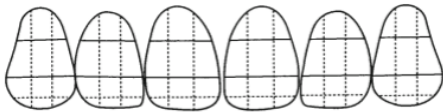
- Rx's
- Case boxes
- Shipping Labels
- Price List
- Other

Case Design



Shade _____ Mould _____

INSTRUCTIONS:



Instructions

Doctor Signature _____

License _____