



CASE NUMBER: _____
DVINE ARTS DENTAL LABORATORY
802 NW 16TH AVENUE, SUITE B
GAINESVILLE, FLORIDA 32601
(352) 346 -8687
dvinedental@outlook.com

Date: _____ Try In Date: _____ Finish Date: _____

Patient Name: _____ M F Age: _____

DENTURES

Try In _____ Base Materials _____ Cast Partial _____

Finish _____ Make of Teeth _____ Wrought _____

Repair _____ Mold _____ Acetal Partial _____

Bite or Trays _____ Shade _____ Full Partial

- PREMIUM
- ECONOMY

DESCRIPTION OF WORK / SPECIAL INSTRUCTION:

Doctor: _____ License #: _____