



CASE NUMBER: _____

DVINE ARTS DENTAL LABORATORY

4000 W NEWBERRY RD, SUITE G

GAINESVILLE, FLORIDA 32607

(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 _____

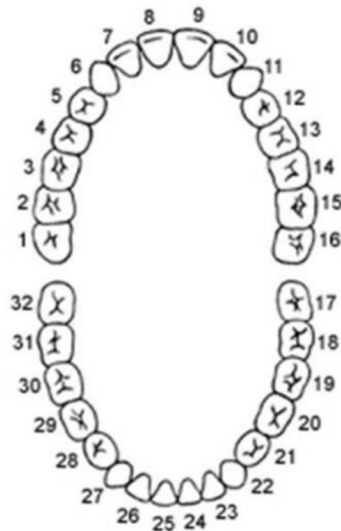
Repair _____ Mold _____ Acetal Partial _____

Bite or Trays _____ Shade _____ Full Partial

- PREMIUM
- ECONOMY

DESCRIPTION OF WORK / SPECIAL INSTRUCTION:

Tooth Chart



Doctor: _____ License #: _____

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