

Vesta Dental Lab

323 South Willow St. Suite #4 Manchester, NH
(603) 656-2000 • info@vestadentallab.com

Please Send Prescription Pad

We sent:

- Model(s)
Impressions
Bite
Other

Company Name: _____

Dentist Name: _____

Street: _____

City: _____ State: _____ ZIP: _____

Patient Name: _____

Choose Arch

- Upper
 Lower

Shade: _____

Choose Step

- Custom Tray
 Bite Block
 *Wax Try-in
 Finish

Full Denture

- Basic
 Classic
 Comfident
 Immediate

Partial Denture

- Acrylic
 Cast
 Flexi
 Flexicombo
 Flipper
 Immediate

*First step unless otherwise noted

Instructions:

Date Sent: _____ Date Due: _____

Doctor Signature: _____ License number: _____

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