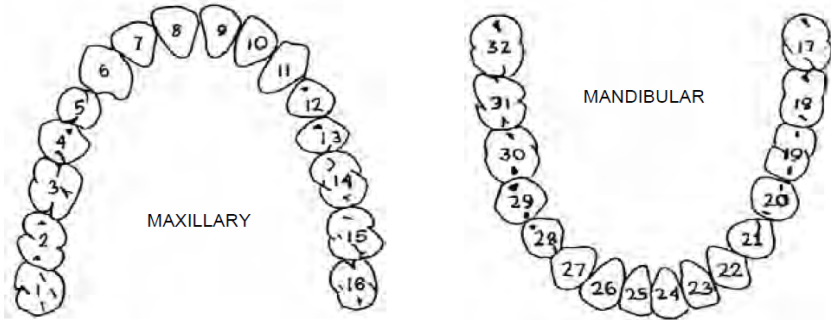


| | | |
|---|--|--------------------|
| 1. Local Case No. | 2. Name of Treatment Facility, Mailing Address & DSN No. | 3. ADL Case No. |
| 4. Patient's Name (Last, First, Middle Initial) | 5. Grade | 6. Age |
| 8. Beneficiary Type | 9. Organization, Duty and Home Telephone Nos. | 7. Date Initiated |
| 11. Type of Prosthesis or Restoration | 12. Shade and Mold by Guide | 10. Date Forwarded |
| 14. Prosthesis Design | | 13. Date Delivered |



Request(s) (Check appropriate box(es))

15. Framework Only 16. Set-up

17. Process 18. Fully Fabricate 19. Bisque Bake 20. Consultation

21. Diagnostic Casts 22. Jaw Relation Record 23. Radiographs 24. Other (See remarks)

25. Clinician's Remarks/Instructions

26. Typed Name and Grade of Dental Officer 27. Signature

LABORATORY DATA

1. Name of Dental Laboratory

| 2. Date Received | 3. Date Completed | 4. Teeth, Facings or Pontics | | | | |
|------------------|-------------------|------------------------------|------------|-------|-------|------|
| | | Location | Tooth Nos. | Shade | Guide | Mold |
| | | Max Ant | | | | |
| | | Max Post | | | | |
| | | Man Ant | | | | |
| | | Man Post | | | | |

5. Articulator

| 6. Metals Voucher No: | | Out | | In | | Used | |
|-----------------------|------|-----|----|-----|----|------|----|
| Metals Used | Type | DWT | GR | DWT | GR | DWT | GR |
| Number and Settings | | | | | | | |
| | | | | | | | |

7. Laboratory Remarks, Instructions, or Consultation Report

8. Typed Name and Grade of Laboratory Officer 9. Signature