



BLUE BOX DENTAL LABORATORY

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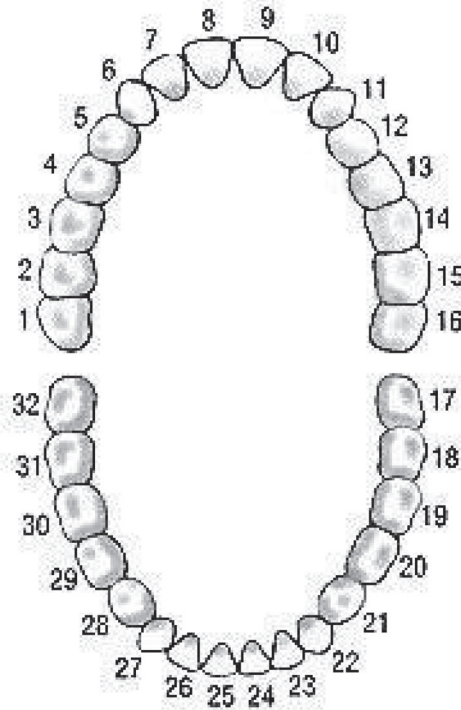
Partials and Dentures

Doctor _____ Patient _____ Phone _____ Due Date _____
*Rush Fee May Apply
Address _____ City _____ State _____ Zip _____

Partials and Dentures

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

Case Design



Acrylic

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

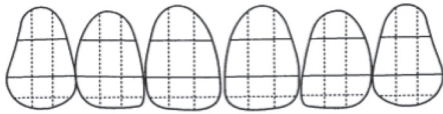
Please send us:

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

Locators

Implant: _____
Type: _____
Size: _____

Shade _____ Mould _____



Enclosure:

- Triple Tray
- Impression
- Models
- Bite
- Old Restoration
- Implant Parts

Instructions

Doctor Signature _____ License _____

TRY OUR ONLINE PORTAL TODAY TO SAVE TIME