



# NAVATRA SOLUTIONS

DENTAL LABORATORY

Phone: 562-235-6403

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Today's Date: \_\_\_\_\_

Dentist: \_\_\_\_\_

Office Name: \_\_\_\_\_

Office #: \_\_\_\_\_

Delivery Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Case Due:**

Patient Name/Case Identifier: \_\_\_\_\_

## NIGHT GUARDS

Upper

Lower

Molar to Molar

Bicuspid to Bicuspid

Astron

Hard

Soft

Name on Night Guard: \_\_\_\_\_

*(Optional)*

## FULL CONTOURS

Crowns

Bridges

Veneers

Inlay/Onlay

## ESSIX RETAINERS

0.75mm

1.0mm

1.5mm

## BLEACHING TRAYS

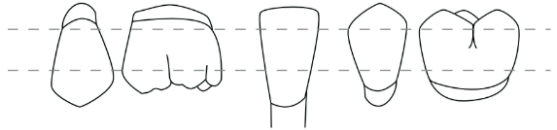
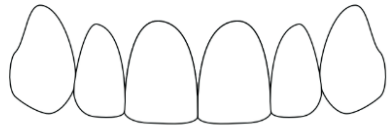
Upper

Lower

**Teeth#:**

**Shade:**

**Special Instructions:**



*Please indicate if distribution of hues or special characteristics are desired.*

Dentist Signature : \_\_\_\_\_

*(Required)*

**TERM: Net 25 days. A 2% late fee is applied to invoices past 25 days.**