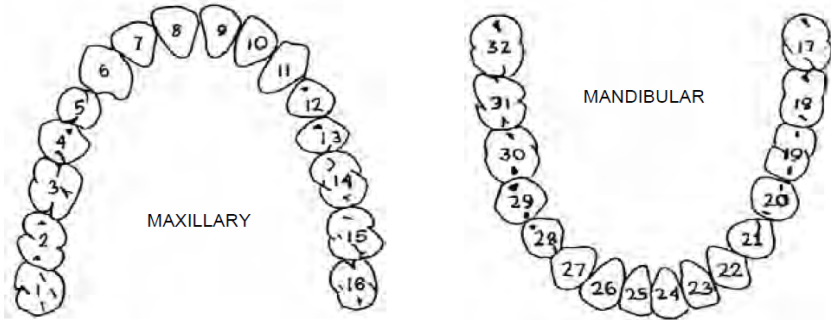


1. Local Case No.	2. Name of Treatment Facility, Mailing Address & DSN No.	3. ADL Case No.
4. Patient's Name (Last, First, Middle Initial)	5. Grade	6. Age
8. Beneficiary Type	9. Organization, Duty and Home Telephone Nos.	7. Date Initiated
11. Type of Prosthesis or Restoration	12. Shade and Mold by Guide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

7. Laboratory Remarks, Instructions, or Consultation Report

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