Gaines Dental Laboratory

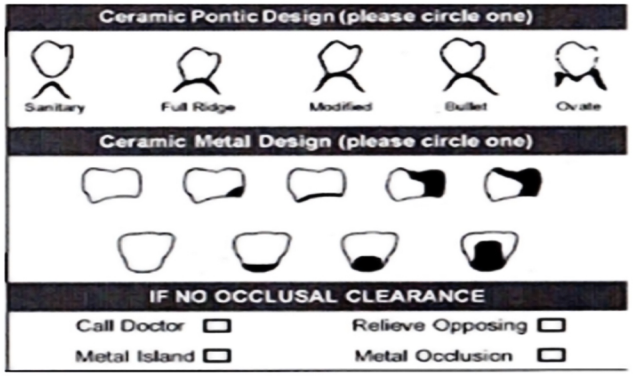
620 Perimeter Dr. Ste 204 Lexington, KY 40517

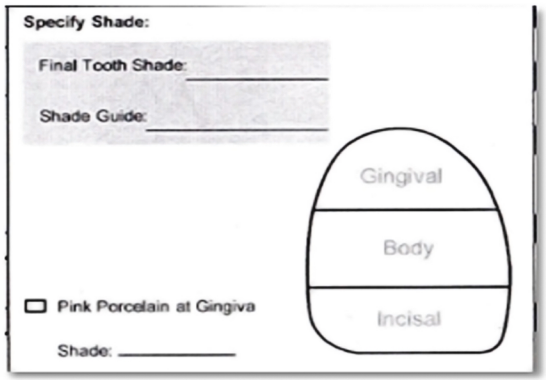
Dr. _____ Date Sent: _____

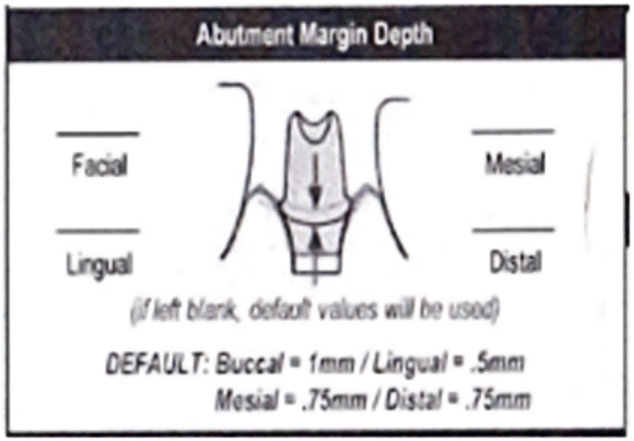
Patient _____ Return Date: _____

Enclosed with case:

☐ Impressions ☐ Models ☐ Bite ☐ Photos ☐ Flash Drive







Implant System:

Select Specific Abutment Type: ____Titanium _____Zirconia

Please send: _____ Boxes _____ Mailing Labels

Signature_____License_____