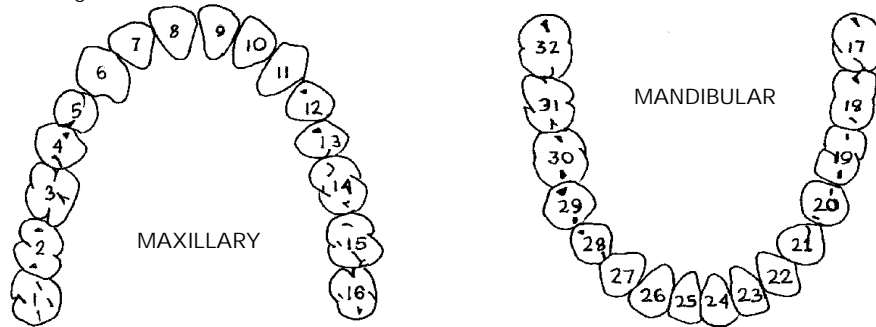


1. Local Case No.	2. Name of Treatment Facility, Mailing Address & Autovon No.	3. ADL Case No.	
4. Patient's Name (Last, First, Middle Initial)	5. SSN	6. Grade	7. Age
8. Date Initiated	9. Beneficiary Type		10. Organization, Duty and Home Telephone Nos.
11. Date Forwarded		12. Type of Prosthesis or Restoration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

15. Prosthesis Design



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

16. Framework Only 17. Set-up

18. Process 19. Fully Fabricate 20. Bisque Bake 21. Consultation

22. Diagnostic Casts 23. Jaw Relation Record 24. Radiographs 25. Other (See remarks)

26. Clinician's Remarks/Instructions

27. Typed Name and Grade of Dental Officer	28. Signature
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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 Number and Settings	6. Metals Voucher No:						
	Metals Used	Out		In		Used	
	Type	DWT	GR	DWT	GR	DWT	GR

7. Laboratory Remarks, Instructions, or Consultation Report

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