

Lander Dental Arts, LLC

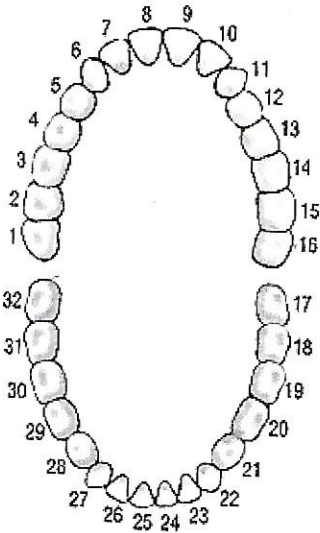
John Riggs, Technician
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933 W. Main Street • Lander, WY 82520

Patient Name _____ Date Sent _____ Needed _____
Prescribing Dentist _____

Appliance Type _____ Maxillary _____ Mandibular _____
Clasps: Yes Type _____ No Strengtheners: Yes No
Teeth: Premium (Portrait IPN) Economy (TruByte Classic)
Shade _____ Mould (U/L) Anterior _____/_____ Posterior _____/_____

Additional Directions/Details/Design:



Dentist Signature _____

Lic # _____