

DATE \_\_\_\_\_

DR \_\_\_\_\_ ASSISTANT \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/STATE \_\_\_\_\_

PATIENTS NAME \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

**DUE BY 5:00 PM ON** \_\_\_\_\_ AGE \_\_\_\_\_

SHADE \_\_\_\_\_ TYPE OF TEETH \_\_\_\_\_ MOULD \_\_\_\_\_

### DENTURE DEPT

- UPPER  LOWER
- Custom Tray
- Wax Rim
- Immediate
- Implant Denture
- Flipper (No Clasp)
- Acrylic Partial W/Clasp
- Flexible Partial
- CLEARsplint® w/Flex

### DENTURE (CHOOSE ONE)

- Economy - Acupac® Acrylic
- Premium - Lucitone 199® Acrylic
- Elite - IvoBase® Acrylic

### SELECT LEVEL OF COMPLETION

- Wax Set-Up & Try-In  Set-Up & Finish  Process & Finish

### PARTIAL FRAMEWORKS

- Cast Vitallium®
- Frame Only
- Frame w/Wax Rim
- Frame w/Teeth set-up
- Frame w/Teeth Set-up & finish

### SELECT TISSUE SHADE (Lucitone 199® Acrylic)

- Original  Dark Pink
- Lt. Pink  Clear
- Lt. Reddish Pink
- Other \_\_\_\_\_

LAB USE ONLY	
CHK IN	
MODEL	
CT/WR	
THSL	
S-UP	
W-UP	
PRCS	
FNS	
PLSH	
RPR	
QC	

### REPAIRS & RELINES

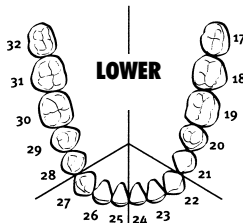
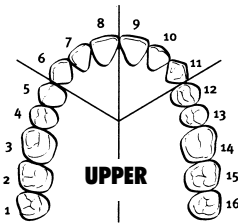
- Replace tooth # \_\_\_\_\_
- Repair fracture
- Strengthenner Bar
- Mesh
- Rebase (New Acrylic)
- Reline  Hard  Soft

### CLASPS

- Ball Clasp
- Wrought Wire Clasp
- Clear Flexi Clasp

### PLEASE SEND:

- RX FORMS
- BOXES
- RETURN LABELS



Notes \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Call Dr. \_\_\_\_\_

Photo Sent \_\_\_\_\_

Signature \_\_\_\_\_ License # \_\_\_\_\_