

REMOVABLE

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13-REV04-LB111822

PRACTICE: Doctor:	PATIENT First:
Address:	Last
Phone: DATE:	DUE
CASE ENCLOSURES: MAX Model Impression Bite Rim Bite Reg Wax Trial Denture Partial Pics Others:	MAND Model Impression Wax Trial Denture Partial Pics Others:
PRELIMINARY MAX QTY STEPS: Custom Tray Bite Rim	MAND QTY Custom Tray Bite Rim
CASE INFORMATION: 1 2 3 Tooth Shade: Acrylic Shade: Standard Ethnic M: 0 0 Central Height: mm Call Upon Receipt	
DENTURES: MAX QTY IDEALLY YOUTHFUL NATURALLY YOURS Extracting Teeth: IMMEDIATE Clear Surgery Denture Alveoplasty: Extraction Only Buccal Only Contoured	DENTURES: MAND QTY IDEALLY YOUTHFUL NATURALLY YOURS Extracting Teeth: IMMEDIATE Clear Surgery Denture Alveoplasty: Extraction Only Buccal Only Contoured
Stage:	Stage:
PARTIALS: MAX QTY FRAME ONLY IDEALLY YOUTHFUL NATURALLY YOURS ONLY Case Type: Acrylic/Frame Acrylic Flex Acrylic/Frame Acrylic Flex Flex/Frame Flipper Stage: Frame Trial Set Up Finish Direct Finish Reset Clasps: Cast Alloy Flex Tooth Shade Wire Ball Lab Design As Designed Extracting Teeth: IMMEDIATE (indicate in design section below) Alveoplasty: Extraction Only Buccal Only Contoured	PARTIALS: MAND QTY
GUARDS: MAX QTY Comfort H/S 3mm 4mm Hard Nite Guard Flat Occlusion Centric Occlusion	MAND QTY Comfort H/S Flat Occlusion
DESIGN: Teeth being extracted as indicated (X) Clasp as drawn below $7^{8} 9^{10} 22^{23} 2425 26^{27} 21^{28} 29^{29}$ $4^{3} UPPER$ $11^{2} 20^{29} 29^{29} 29^{29}$ $15^{18} 18^{10} 10^{11} 31^{29}$	NOTES:
$1 \bigcirc 16 17 \bigcirc 16 032$	Signature License Number

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