

PRACTICE:
Doctor: _____
Address: _____
Phone: _____ **DATE:** _____

PATIENT
First: _____
Last: _____
AGE _____ **DUE DATE:** _____

CASE ENCLOSURES: MAX
 Model Impression Bite Rim Bite Reg
 Wax Trial Denture Partial Pics
 Others: _____

MAND
 Model Impression Bite Rim Bite Reg
 Wax Trial Denture Partial Pics
 Others: _____

PRELIMINARY STEPS: MAX QTY _____
 Custom Tray Bite Rim

MAND QTY _____
 Custom Tray Bite Rim

CASE INFORMATION:
 Tooth Shade: _____ Acrylic Shade: Standard Ethnic **M:** 1 2 3 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
 Stage:
 Set Up Finish Direct Finish Reset

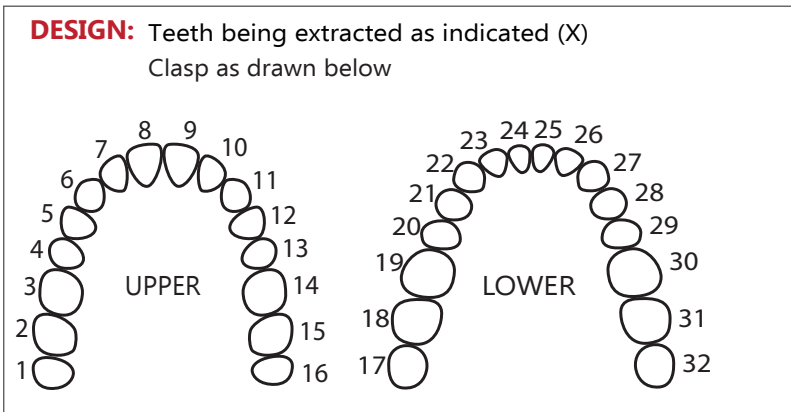
DENTURES: MAND QTY _____
 IDEALLY YOUTHFUL NATURALLY YOURS
 Extracting Teeth: IMMEDIATE Clear Surgery Denture
 Alveoplasty: Extraction Only Buccal Only Contoured
 Stage:
 Set Up Finish Direct Finish Reset

PARTIALS: MAX QTY _____ FRAME ONLY
 IDEALLY YOUTHFUL NATURALLY YOURS
 Case Type:
 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 _____ FRAME ONLY
 IDEALLY YOUTHFUL NATURALLY YOURS
 Case Type:
 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

GUARDS: MAX QTY _____
 Comfort H/S 3mm 4mm Hard Nite Guard
 Flat Occlusion Centric Occlusion

MAND QTY _____
 Comfort H/S 3mm 4mm Hard Nite Guard
 Flat Occlusion Centric Occlusion



NOTES: _____

 Signature _____ License Number _____