

DIGITAL REMOVABLE

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PRACTICE:	PATIENT
Doctor:	First:
Address:	Last:
	Age: DUE DATE:
	Age Due Date
SCANS SENT:	MAND
☐ Arch ☐ Impression ☐ Bite Rim ☐ Bite Reg☐ Wax Trial ☐ Denture ☐ Partial ☐ Pics	☐ Arch ☐ Impression ☐ Bite Rim ☐ Bite Reg ☐ Wax Trial ☐ Denture ☐ Partial ☐ Pics
Total Scans:	Wax IIIai
PRELIMINARY MAX QTY STEPS:	MAND QTY
Custom Tray Bite Rim	Custom Tray Bite Rim
CASE INFORMATION: Tooth Shade: Acrylic Shade: Standard Ethnic M: O O Central Height: mm Call Upon Receipt	
DENTURES: MAX QTY	DENTURES: MAND QTY
\square Ideally youthful \square naturally yours	☐ IDEALLY YOUTHFUL ☐ NATURALLY YOURS
Extracting Teeth: IMMEDIATE Clear Surgery Denture	Extracting Teeth: IMMEDIATE Clear Surgery Denture
Alveoplasty: Extraction Only Buccal Only Contoured	Alveoplasty: Extraction Only Buccal Only Contoured
Stage: \square Set Up \square Finish \square Direct Finish \square Reset	Stage: \square Set Up \square Finish \square Direct Finish \square Reset
□ set op □ Fillisii □ Direct Fillisii □ Reset	□ Set Op □ Finish □ Direct Finish □ Reset
PARTIALS: MAX QTY FRAMI	PARTIALS: MAND QTY FRAME
☐ IDEALLY YOUTHFUL ☐ NATURALLY YOURS ☐ ONLY	IDEALLY TOUTHFUL INATURALLY TOURS
Case Type:	Case Type:
☐ Acrylic/Frame ☐ Acrylic ☐ Flex ☐ Flex/Frame ☐ Flippostage:	er
☐ Frame Trial ☐ Set Up ☐ Finish ☐ Direct Finish ☐ Reset	
Clasps:	Clasps:
☐ Cast Alloy ☐ Flex ☐ Tooth Shade ☐ Wire ☐ Ball	
☐ Lab Design ☐ As Designed	☐ Lab Design ☐ As Designed
Extracting Teeth: IMMEDIATE (indicate in design section below) Alveoplasty: Extraction Only Buccal Only Contoured	Extracting Teeth:
Aiveoplasty. Extraction only Buccar only Contoured	Aweeplasty. Extraction only Education only Contoured
GUARDS: MAX QTY	☐ MAND QTY
☐ Comfort H/S ☐ 3mm ☐ 4mm ☐ Hard Nite Guar	
Flat Occlusion Centric Occlusion	Flat Occlusion Centric Occlusion
DESIGN: Teeth being extracted as indicated (X) Clasp as drawn below	
clasp as arann scien	
$7 \stackrel{8}{\circ} \stackrel{9}{\circ} 10$ $33 \stackrel{23}{\circ} \stackrel{24}{\circ} 25 \stackrel{26}{\circ} 37$	
6	
50 012 20 029	
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	
2 15 18 31	
10 16 17 32	
	Signature License Number