

**PRACTICE:**  
**Doctor:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PATIENT**  
**First:** \_\_\_\_\_  
**Last:** \_\_\_\_\_  
**Age:** \_\_\_\_\_ **DUE DATE:** \_\_\_\_\_

**SCANS SENT:**  MAX  
 Arch  Impression  Bite Rim  Bite Reg  
 Wax Trial  Denture  Partial  Pics

**SCANS SENT:**  MAND  
 Arch  Impression  Bite Rim  Bite Reg  
 Wax Trial  Denture  Partial  Pics

**PRELIMINARY STEPS:**  MAX QTY \_\_\_\_\_  
 Custom Tray  Bite Rim

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 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

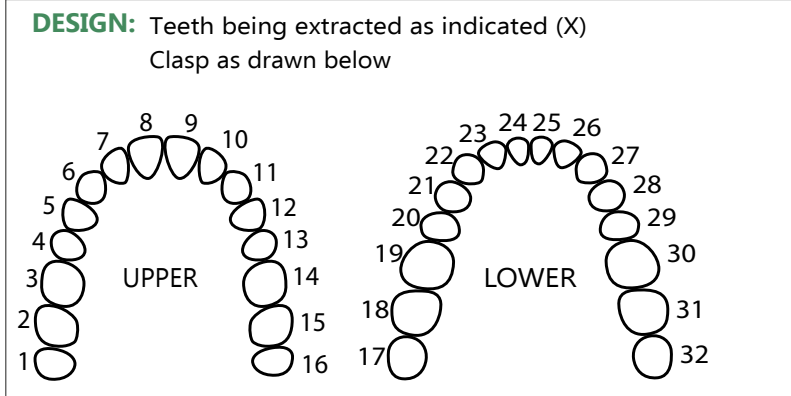
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**PARTIALS:**  MAX QTY \_\_\_\_\_  FRAME ONLY  
 IDEALLY YOUTHFUL  NATURALLY YOURS  
Case Type:  Acrylic/Frame  Acrylic  Flex  Flex/Frame  Flipper  
Stage:  Frame Trial  Set Up  Finish  Direct Finish  Reset  
Clasps:  Cast Alloy  Flex  Tooth Shade  Wire  Ball  
 Lab Design  As Designed  
Extracting Teeth:  IMMEDIATE (indicate in design section below)  
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**GUARDS:**  MAX QTY \_\_\_\_\_  
 Comfort H/S  3mm  4mm  Hard Nite Guard  
 Flat Occlusion  Centric Occlusion

**GUARDS:**  MAND QTY \_\_\_\_\_  
 Comfort H/S  3mm  4mm  Hard Nite Guard  
 Flat Occlusion  Centric Occlusion



**NOTES:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Signature \_\_\_\_\_ License Number \_\_\_\_\_