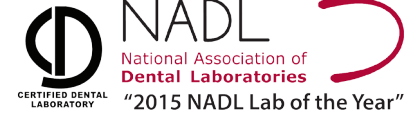




A Tradition of Excellence



Doctor _____ Phone _____
 Address _____ Date _____
 City _____ State _____ Zip _____
 Patient Name _____ Male Female
 Return Date _____ Try-In _____ Finish _____

SHADE _____

TOOTH CLASSIFICATION

Premium Standard
 Shade _____
 Mould _____
 Degree of Tooth _____

DENTURE BASE MATERIAL

Standard
 High Impact Acrylic (*Lucitone 199*)
 High Impact Injection (*Ivobase*)
Original, Light, Light Reddish Pink, Mild, Moderate, Dark

CAST-PARTIAL FRAMES

Frame Only
 Frame Try-In w/rim
 Frame Try-In w/teeth
 Finish

CLASP TYPE

Cast
 Wire
 Flexible (*Clear, Tissue Color*)
 Tooth Color (*Shade* _____)

FULL DENTURES

Try-In
 Finish
 Ideal Set-Up
 Immediate

FRS FLEXIBLE PARTIALS

Try-In (*Recommended*)
 Finish
 Base Shade (*Light, Original, Dark*)
Immediates not recommended or guaranteed

METAL PARTIAL DESIGN - UPPER

Horseshoe
 Palatal Strap
 A-P Strap
 Full Coverage
 Lab Design

CLASP DESIGN

Lab Design
 RPI
 Roach
 Akers

ALL ACRYLIC PARTIALS

Try-In Immediate
 Extract Tooth # _____
 Finish
 Wrought Wire Clasps
 Ball Clasps Clear

NIGHTGUARDS & SPLINTS

Hard NTI
 Soft Athletic Guard
 Hard/Soft Clear*
 Impak Gelb
**blue, green or pink available*

METAL PARTIAL DESIGN - LOWER

Lingual Bar
 Lingual Plate
 Lab Design

ENCLOSED WITH CASE

Impressions/Models
 Bite
 Opposing
 Shade/Mould

INSTRUCTIONS _____

Dr. Signature _____ License # _____

