

## REMOVABLE RX

Doctor: \_\_\_\_\_

Street: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

### REQUIRED INFORMATION

Patient Name: \_\_\_\_\_

P/U Date: \_\_\_\_\_

Due Date: \_\_\_\_\_

\*Cases delivered by 5:00 p.m. on due date\*

### PREFERRED CONTACT METHOD

Email: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Method:  Call  Text

### FULL DENTURES

Advantage \$  Premium \$\$\$

Custom Tray  Process/Finish

Base Plate w/Bite Rim  Immediate

Wax Try-in

### CAST PARTIAL DENTURES

Premium \$\$\$

Custom Tray  Process/Finish

Frame Try-in w/Bite Rim **Partial Option:**

Frame Try-in w/Teeth  Aesthetic Flexible Clasp

### NIGHT GUARDS

Advantage \$  Classic \$\$

Hard  Injected/Milled Hard

Hard/Soft  Hard/Soft

### OTHER REMOVABLE OPTIONS

Flipper  Retainer  
 Clasp:  Wire  Ball Type:  Essix  Hawley

Flexible Partial  Space Maintainer

Reline  Athletic Guard

Repair  Bleaching Trays

### FOR LAB USE ONLY

Dr. Signature: \_\_\_\_\_

License #: \_\_\_\_\_ Date: \_\_\_\_\_

TERMS: NET 30 DAYS. Past due amounts will be assessed a late charge of 1.5% per month. After 90 days, a credit card will be automatically processed.

### DESIGN INSTRUCTIONS

Maxillary  Mandibular

Shade: \_\_\_\_\_ Mould: \_\_\_\_\_

