

SEND MORE

- ☐ Boxes
 - ☐ Large
 - ☐ (4.75x7.25x4)
- ☐ Medium (4x6x4)
- ☐ Labels
- ☐ RX's
- Other (List) _____

Patient Name: _____

Today's Date: ____/____/____ ☐ Female ☐ Male

NEXT APPOINTMENT:

DATE _____ DAY _____ TIME _____ AM TRIAL _____
FINISH _____

PRODUCTS

- ☐ Full Upper
- ☐ Full Lower
- ☐ Partial Upper
- ☐ Partial Lower
- ☐ Spare Denture
- ☐ Jump
- ☐ Reline (Flasked)
- ☐ Repair
- ☐ Custom Tray
- ☐ Surgical Guide
- ☐ Bite Blocks
- ☐ Tracers
- ☐ Proform[®] Night Guard Soft
- ☐ Proform Mouth Guard
- ☐ Soft
- ☐ Soft Liner
- ☐ Altered Cast
- ☐ Post Dam
- ☐ Relief
- ☐ Immediate
- ☐ Bleaching Trays
- ☐ Thermo-Guard[™]
- ☐ Hard Acrylic Splint
- ☐ DuraFlex[™] Premium Teeth
- ☐ DuraFlex Economy Teeth
- ☐ Valplast[®] Premium
- ☐ Valplast Economy

SHADE

Tooth Shade: _____ Mold: _____

Basic Face Form:

- ☐ Square ☐ Square Tapering
- ☐ Tapering ☐ Ovoid

Facial Asymmetry:

- ☐ Dominant Right Side ☐ Dominant Left Side

- ☐ Vigorous ☐ Medium ☐ Soft

PLASTIC BASES PARTIAL DESIGN

- ☐ Economy Acrylic
- ☐ Hi Impact Standard
- ☐ Guaranteed Select

Please design in area to the right.
List clasps (equipoise, I bar, ackers, PGP, etc.) or indicate if lab is to design.

LIST BRAND OF TEETH:

Anterior

- ☐ Cast Frame
- ☐ Wire Clasps
- ☐ Flexible Clasps

Posterior

TEETH

Premium Plastic

- Anterior ☐
- Posterior ☐

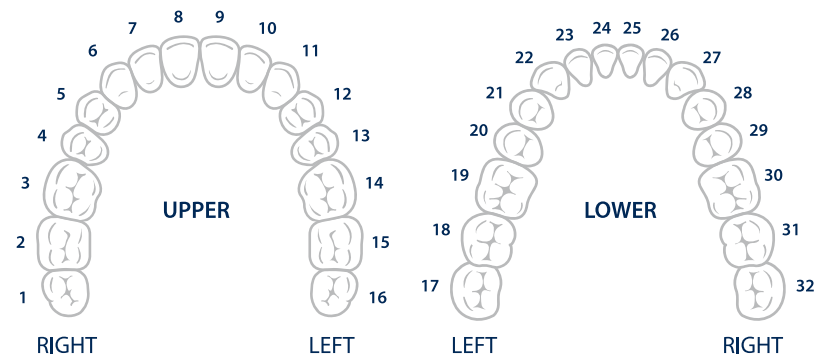
Economy

- Anterior ☐
- Posterior ☐

DENTURE RX

NOTES:

DESIGN CASE:



Dr.'s Signature: _____

License #: _____

Net amount of invoice is due within 30 days of order; all balances beyond 30 days are subject to a finance charge of 1.5%. I agree to pay reasonable attorney's fees and collection costs if this account is referred to collections.