



DATE NEEDED \_\_\_\_\_ PATIENT'S NAME \_\_\_\_\_  
DOCTOR \_\_\_\_\_  MALE  FEMALE AGE \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
SHADE \_\_\_\_\_ STUMP SHADE \_\_\_\_\_

**DENTURES & PARTIAL DENTURES**

- COMPLETE DENTURE
- AVOID EMBARRASSMENT DENTURE
- TRANSITIONAL DENTURE
- DENTURE SET-UP ONLY
- DENTURE FINISH ONLY
- RESET FOR SHADE CHANGE
  
- CAST PARTIAL DENTURE
- PARTIAL SET-UP
- INTERIM PARTIAL
- FRS PARTIAL (FLEXIBLE PARTIAL)
  
- RELINE
- REBASE
- REPAIR

**CROWN & BRIDGE**

- E-MAX
- PROCERA (LAVA)
- ALL ZIRCONIUM
- PORCELAIN FUSED TO METAL
- FULL GOLD
- INLAYS

**IMPLANTS**

- IMPLANTS (SPECIFY BRAND BELOW)

**MISCELLANEOUS**

- CUSTOM TRAY
- ESSEX RETAINER
- SPLINT
- NIGHT GUARD

INSTRUCTIONS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DOCTOR SIGNATURE \_\_\_\_\_ LICENSE NUMBER \_\_\_\_\_