



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 _____