

REMOVABLES

DOCTOR _____

STREET _____

CITY, STATE/COUNTRY, ZIP _____

TELEPHONE _____

EMAIL ADDRESS _____

SIGNATURE _____

DATE _____

Please construct and deliver to me the dental restoration described herein.

CASE DESIGN (Check all that apply)

- ☐ Denture
☐ Partial
☐ Implant
☐ Mouthguard/Orthotic/Splint
☐ Appliance

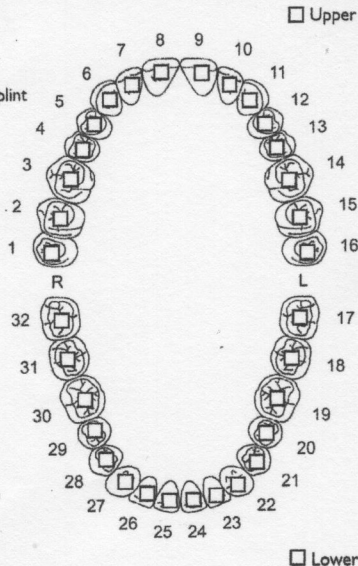
PROCEDURE:

- ☐ Bite Blocks
☐ Bite Block On Frame
☐ Set-up/try-in
☐ Frame Try-In
☐ Reline
☐ Soft Reline
☐ Rebase
☐ Reset
☐ Repair
☐ Finish

Please mark the diagram with the following:

O = Implant location

X = Attachment location



PATIENTS NAME _____

PLEASE SEND: Rx

☐ Fixed Restoration
☐ AIRBILLS

☐ Removable
☐ BOXES
☐ DNA

AGE _____

DATE DUE

SHIPPING GUIDELINES ON THE BACK

LAB USE ONLY

CASE NO.

NOTICE SENT

SHIP DATE

FLEXIBLE PARTIAL DENTURES*

☐ DurAcetal ☐ VisiClear ☐ Valplast ☐ Acrylic Partial

Framework Shade: _____ Flexible Clasp Shade: _____

Space Saver Shade: _____

*Partial dentures are fabricated using Vitalium 2000+.

MATERIAL SPECIFICATIONS

TEETH TYPE:

- ☐ Economy
☐ Premium

BASE ACRYLIC:

- ☐ IVO Base
☐ Other: _____

SHADE: _____ Shade Guide Used: _____

MOLD: Ant: _____ Post: _____

READINGS: Alimeter: _____ Papillameter: _____

Lip line marked on bite rim: Yes ☐ No ☐

IMPLANT RESTORATIONS

Type of implant(s) used: _____

Size: _____ Need Screws: Yes ☐ No ☐

DESIRED RESTORATION TYPE:

☐ Overdenture (denture acrylic base and teeth with attachment)

Type Attachment: _____

Cast Strengtheners: Yes ☐ No ☐☐ Hybrid (screw retained acrylic base and teeth)Cast Bar: Yes ☐ No ☐Milled Titanium Bar: Yes ☐ No ☐☐ Cementable (porcelain laced on frame)Type: Noble White ☐ High Noble White ☐ Zirconia ☐

OTHER PRODUCTS

MOUTHGUARDS/ORTHOTICS/

SPLINTS:

- ☐ Flat Orthotic (Astron CLEARsplint™)
☐ Anatomical Orthotic (Thermaform™)
☐ Gelb/Mora Splint
☐ Pro-form Sportsguard
☐ Soft Guard
☐ Hard Splint
☐ Hard/Soft Splint
☐ Essix® Retainer
☐ Bleach Tray
☐ Custom Tray

APPLIANCE:

- ☐ DNA Appliance™ ☐ mRNA Appliance™
☐ Herbst™ ☐ EMA®
☐ Silent Sleep™

SPECIAL INSTRUCTIONS

May we adjust opposing if necessary? ☐ Yes ☐ NoMay we open bite only if necessary? ☐ Yes ☐ NoOpposing to be restored in the future? ☐ Yes ☐ No

NOTES: _____