

Doctor \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone No. \_\_\_\_\_

Patient Name/ ID \_\_\_\_\_

Age \_\_\_\_\_  Male  Female Personality \_\_\_\_\_

**REMOVABLE WORK AUTHORIZATION** (Please )

**PREP**

- Upper  Lower
- Custom Tray
- Base Plate/Rim
- Survey & Design

**DENTURES**

- Upper  Lower
- Economy Denture
- Immediate Denture
- Denture Set-Up
- Denture Finish

**SPECIALTY PARTIALS**

- Upper  Lower
- Acrylic Partial with Clasps (standard)
- Acrylic partial with no Clasps
- Delux Mini Flex (1or2 teeth simple design)
- Delux Flexible

**SPECIALTY PRODUCTS**

- Upper  Lower
- CLEARsplint  DuraClean<sup>2</sup>
- Hard Night Guard
- Clasp Standard
- No Clasps
- Delux Hard/Soft Night Guard
- Great White Bite Guard
- Clasps
- No Clasps
- ema** Appliance
- Surgical Guide
- teeth #'s \_\_\_\_\_
- Guide Tube
- Barium Sulfate
- Clear duplicate denture for implant guide

**CLASPS**

- VisiClear  Bent-Wire
- Ball  Soft Gasket

**PULL DOWN SPECIALTY**

- Essix  Delux Sport Guard
- Essix w/ Teeth \_\_\_\_\_ # of layers \_\_\_\_\_
- Hard/Soft Color \_\_\_\_\_
- Night Guard Strap: yes no
- Decals \_\_\_\_\_

**LAB USE**

Upper Model IMP Partial Set-up Denture Base & Rim  
 Lower Model IMP Partial Set-up Denture Base & Rim  
 Study  Upper  Lower  
 Articulator Doctors \_\_\_\_\_ Delux \_\_\_\_\_  
 Bite

**TEETH / SHADE / ACRYLIC**

- Ivoclar BlueLine  Lucitone 199 Original Shade Standard
- IPN  IvoBase
- Portrait IPN  Preference (Standard)
- Economy Acrylic Shade \_\_\_\_\_
- Other Shade \_\_\_\_\_ Duraflex Shade \_\_\_\_\_
- Mould \_\_\_\_\_

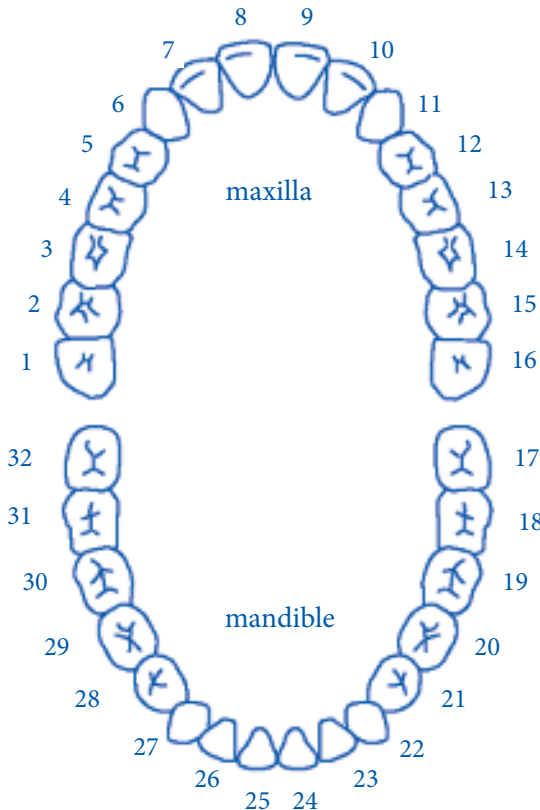
**RELINE**

- Same Day Service - Please call the day before or by 9 am.  
Pick up by 9:30 am - Delivery by 4:00 pm.
- Hard Reline  Tooth
- Soft Reline  Fractures
- Heat cured Reline/Rebase or Soft Liner. Next Day by 4 pm.  Clasp
- Add Mesh/Braided Wire

**REPAIRS**

**METAL PARTIALS**

- Upper  Lower
- Vitallium (standard)
- Vitallium 2000+
- Frame Try in
- Bite Blocks
- WAX Try in w/ Teeth
- Finish
- Delux Combo - Vitallium Frame w/ Myerson Saddles and Clasps



Please send  Rx  Boxes  Other \_\_\_\_\_  Call

Signature \_\_\_\_\_

License # \_\_\_\_\_ State \_\_\_\_\_

Return on \_\_\_\_\_ the day before patients appointment.