



INVOICE #:

PAN #:

PLEASE CALL US TO DISCUSS YOUR REPAIR CASES BEFORE 10AM

- SAME DAY: Patient comes to our lab **OR** the case is at our lab before 11AM
- NEXT DAY: Circle delivery times - Before **12PM** or Before **4PM**

Today's Date: _____

DUE DATE/TIME: _____

Doctor Name & Signature/License: _____
(Required by law)

**The person signing this form is an authorized signer and, along with the dental practice, accepts responsibility for payment of all related charges, as well as any legal costs, collection and other fees incurred by Auraria Dental Lab in the event the account is sent to collections or litigation.

Practice Name/Address: _____ Phone/Email _____

Patient: _____ Age: _____ Female Male

Case turnaround times is based on the date/time we receive the case, as well as ALL the information being correct and completed on the RX. If the RX is incomplete, we CANNOT guarantee a delivery date until all the information is received by the lab.

CASE TYPE

- FULL DENTURE PARTIAL FLIPPER
- IMMEDIATE FULL DENTURE/PARTIAL
- AED/3D-PRINT CLASSIC PREMIUM

ARCH

- UPPER
- LOWER
- BOTH

MATERIAL

- ACRYLIC METAL FLEXIBLE
- CHROME COBALT (HEAVIER, MORE SHINE)
- TITANIUM (LIGHTER, HYPOALLERGENIC)

STAGE

- CUSTOM TRAY CAST METAL FRAMEWORK
- BASE PLATE BITE RIM TRY-IN
- FINISH REBASE WELD RETENTION
- RELINE (CIRCLE: HARD OR SOFT) REPAIR

ADD-ON

- NAME PER ARCH (CIRCLE: UPPER / LOWER / BOTH)
- COSMETIC CLASP WIRE REINFORCEMENT
- METAL MESH WIRE MESH
- WROUGHT WIRE CLASPS (PLEASE CIRCLE):
I-BAR / "C" / ROACH (Y-TYPE) / BALL

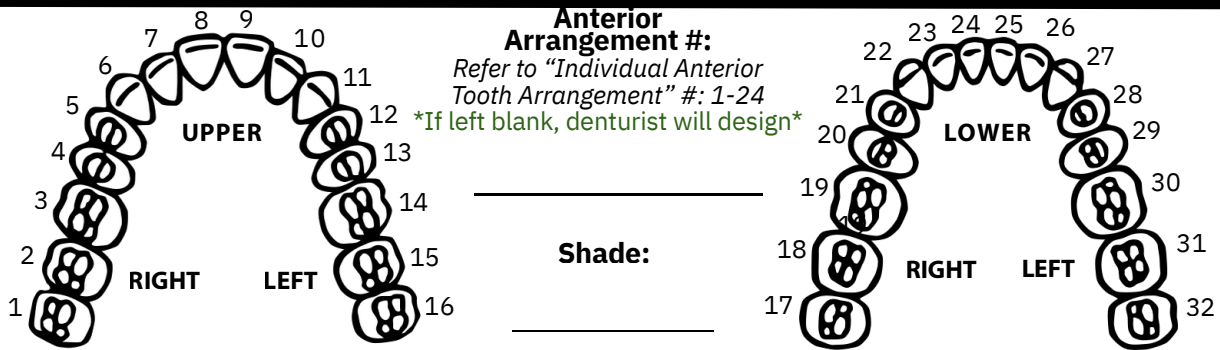
PARTIAL DESIGN

- HORSESHOE PALATE (UPPER)
- A-P STRAP (UPPER)
- FULL PALATAL METAL
- LINGUAL BAR OR PLATE (LOWER)

OCCLUSAL / ORTHODONTIC

- NIGHT GUARD (CIRCLE : HARD / SOFT / HYBRID)
- ATHLETIC MOUTH GUARD GELB SPLINT
- BLEACHING TRAY (CIRCLE: FOAM BACK OR BLUE BLOCKOUT) ESSIX
- OTHER: _____

ACRYLIC SHADE: HI-IMPACT STANDARD LUCITONE 199 ETHNIC (CIRCLE: LIGHT / MEDIUM / DARK)



Please MARK all teeth to be extracted and replaced

RX INSTRUCTIONS:

AURARIA DENTAL LAB USE ONLY

In-Lab Received
By & Time

Final Inspector
Date/Time