Auraria Dental Lab
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For Lab Use Only

INVOICE #:

PAN #:

PLEASE CALL US TO DISCUSS YOUR RELINE/REPAIR RUSH CASES BEFORE 10AM. ADDTIONAL FEES MAY APPLY

☐ SAME DAY (Please Circle): **IN-LAB** with Impression or **PICK-UP** (before 9am)

☐ NEXT DAY (Please Circle Drop-Off Time): **BEFORE 12pm / BEFORE 4:30pm**

Rx Date: _____

Doctor Name: _____ License Number: _____ Due Date: _____

Practice Name: _____ Phone: _____

Address: _____

Patient: _____ Age: _____ ☐ Male ☐ Female

CASE TYPE
- ☐ FULL DENTURE ☐ IMMEDIATE FULL DENTURE
- ☐ PARTIAL ☐ IMMEDIATE PARTIAL ☐ FLIPPER
- ☐ PREMIUM ☐ STANDARD

ARCH
- ☐ UPPER
- ☐ LOWER
- ☐ BOTH

MATERIAL
- ☐ ACRYLIC ☐ METAL ☐ FLEX PARTIAL
- ☐ CHROME COBALT (HEAVIER, MORE SHINE)
- ☐ TITANIUM (LIGHTER, HYPOALLERGENIC)

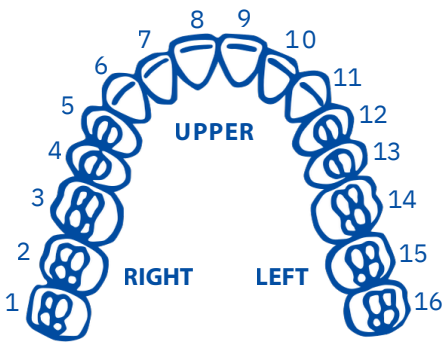
STAGE
- ☐ CUSTOM TRAY ☐ CAST METAL FRAMEWORK
- ☐ BASE PLATE ☐ OCCLUSAL RIM ☐ TRY-IN
- ☐ FINISH ☐ REBASE ☐ WELD RETENTION
- ☐ RELINE (CIRCLE: HARD OR SOFT) ☐ REPAIR

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

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

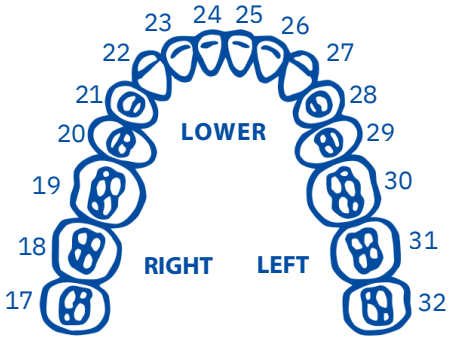
OCCLUSAL / ORTHODONTIC
- ☐ NIGHT GUARD (CIRCLE : HARD / SOFT / HYBRID)
- ☐ ATHLETIC MOUTH GUARD (SUCKDOWN)
- ☐ RETAINER / ESSIX ☐ GELB SPLINT

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



Anterior Arrangement #: _____

Shade: _____



Please MARK all teeth to be extracted and replaced

℞ *INSTRUCTIONS:*

AURARIA DENTAL LAB USE ONLY

In-Lab Received By & Time

Final Inspector Date/Time