

Sakr Dental Arts

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Removables

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DL11835

Rx DATE _____	DELIVER BY _____
DOCTOR'S NAME _____	PHONE NBR _____
DOCTOR'S ADDRESS _____	
PATIENT NAME (FIRST/LAST) _____	
MAKE OF TEETH _____	SHADE _____

Instructions

Full Denture

- Standard Denture
- Over Denture with Attachment
- Hybrid Denture
- Other _____

Shade: Anterior _____ Posterior _____

Mould: Anterior _____ Posterior _____

Tissue: Shade _____

Finish: Smooth Characterized

Palate: Smooth With Rugae

Partial Denture

- Metal
- Metal Free
- Valplast

Deliver: Frame Only Frame with Rim
 Frame w/Teeth Try-in Frame w/Teeth Finish

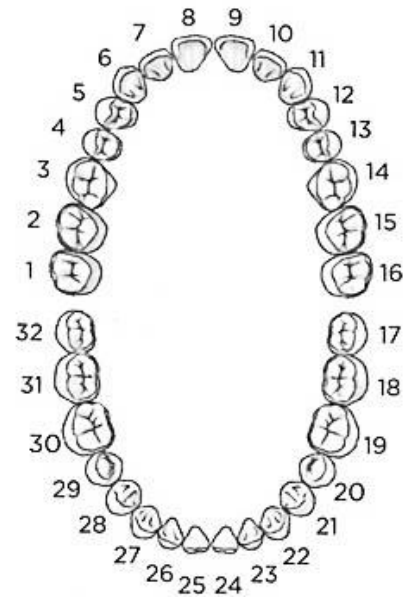
Night Guard/Splint

- Hard
- Soft
- Hard/Soft

Reline/Repair Denture or Partial

- Reline
- Repair
- Add Metal Reinforcement

Design Your Case



Incoming Check List

- | | |
|--|--|
| <input type="checkbox"/> Impression/Master | <input type="checkbox"/> Face Bow |
| <input type="checkbox"/> Opposing | <input type="checkbox"/> Articulator |
| <input type="checkbox"/> Bite | <input type="checkbox"/> Implant Impression Coping |
| <input type="checkbox"/> Pictures | <input type="checkbox"/> Implant Analog |
| <input type="checkbox"/> SD Card | <input type="checkbox"/> Implant Abutments |
| <input type="checkbox"/> CD | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Old Denture/Partial | |

Signature _____ License Number _____