

Elite Denture Solutions LLC

Doctors Name _____ Patients Name _____ Age _____

Office Name _____ Sex: M / F

Today's Date: _____ Seat Date: _____ Seat Time: _____

Denture Repair:

- Upper Lower
- Immediate
- Teeth in Way Try-In
- Process & Finish

Night Guards:

- Hard/soft Night Guard
- Hard Night Guard
- Soft Night Guard

Flexible/Acrylic partials:

- Flexible Acrylic
- Upper Lower
- 4-7 Teeth 8-10 Teeth 11- 13 Teeth
- Teeth in Wax
- Process & Finish

Additional Products:

- Bite Rim
- Reline Hard
- Reline Soft
- Repair
- Re-Base *Must call to schedule
- Bleach Tray
- Denture Repair
- Name in Denture
- Essix Retainer U L

Flipper No Clasps:

- Upper Lower
- Flipper 1-3 Teeth

Cast Chrome Partial:

- Upper Lower
- Frame Try-In Only
- Frame W/Teeth in Wax
- Process & Finish

IMPLANT

- Acrylic hybrid w/ titanium bar
- CONUS Overdenture
- Overdenture
- Zirconia hybrid

Clasp Options:

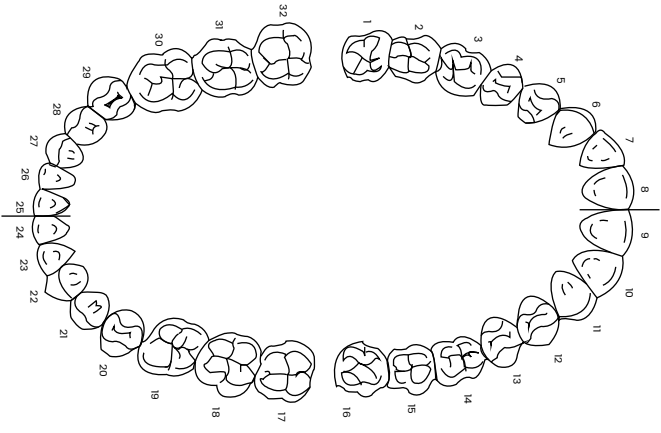
- Wrought Wire
- Ball Clasp
- Lab Select

TISSUE SHADE

- Original
- Dark

Tooth Shade

Special Instructions:



Signature _____ License # _____