



Impress Dental laboratories
removable and implant denture prosthetics



Office/Doctor Name: _____

<u>Required Information</u>	<u>Preferred Contact Method</u>
Pt Name: _____	<input type="checkbox"/> Email: _____
P/U Date: _____	<input type="checkbox"/> Office Phone: _____
Due Date: _____	<input type="checkbox"/> Cell Phone: _____
Method: <input type="checkbox"/> Call <input type="checkbox"/> Text	
<u>Full Dentures</u>	<u>Partial Dentures</u>
<input type="checkbox"/> Immediate <input type="checkbox"/> Standard <input type="checkbox"/> Premium	<input type="checkbox"/> Immediate <input type="checkbox"/> Standard <input type="checkbox"/> Premium
Base-Plate/Bite Rim <input type="checkbox"/> Reline <input type="checkbox"/>	Flipper <input type="checkbox"/> Flexible Partial <input type="checkbox"/>
Custom Tray <input type="checkbox"/> Rebase <input type="checkbox"/>	Stay-Plate <input type="checkbox"/> Nesbit <input type="checkbox"/>
Set-Up <input type="checkbox"/> Repair/Add Tooth <input type="checkbox"/>	Treatment Partial <input type="checkbox"/> Cast Partial (CMP) <input type="checkbox"/>
Process/Finish <input type="checkbox"/> Nightguard <input type="checkbox"/>	
Try-In <input type="checkbox"/>	

<u>Design Instructions</u>	<u>Notes</u>
<input type="checkbox"/> Maxillary <input type="checkbox"/> Mandibular	Gum Shade <input type="checkbox"/> Pink <input type="checkbox"/> 50/50 <input type="checkbox"/> Dark
Shade: _____ Mould: _____	

***** ALL PRODUCTS MADE IN THE USA *****

Dr. Signature: _____ License # _____