

REQUIRED INFORMATION

Dentist: _____ Clinic: _____
 Patient: _____ Gender: M / F
 Case #: _____ Lic #: _____ Date Sent: _____ Date Due: _____

REMOVABLE PARTIALS

- ☐ **Flexible**
☐ Upper
☐ Lower
- ☐ **Cast Frame**
☐ Co-Cr Framework
☐ Vitallium Framework
☐ Upper
☐ Lower
- ☐ **Acrylic Partial**
☐ Upper
☐ Lower

TISSUE SHADE

- ☐ Meharry ☐ Light Meharry
☐ Dark Pink ☐ Standard Pink
☐ Light Pink ☐ Clear

DENTURE

- ☐ Complete Denture
☐ Upper ☐ Lower
- ☐ Immediate Denture
☐ Upper ☐ Lower

CLASP

- ☐ Wire Clasp ☐ C-Clasp ☐ Y-Clasp
☐ Clear Clasp ☐ Embrasure - Clasp ☐ Flexible Clasp-Clear
☐ Cast Chrome Clasp ☐ Wrought Wire Clasp ☐ Flexible Clasp Pink
☐ I-Bar ☐ Ball Clasp

NIGHT GUARD

- ☐ Upper ☐ Lower
☐ Hard
☐ Hard/Soft
☐ Soft

ORTHO

- ☐ Upper ☐ Lower
- ☐ RPE ☐ Hawley
☐ LLHA ☐ Clear Retainer
☐ Spacemaintainer ☐ Lingual Bar
☐ TPA ☐ Other

OTHERS

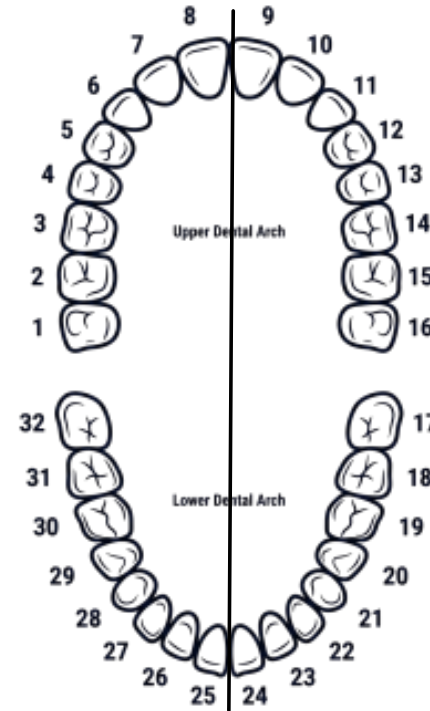
- ☐ Custom Tray ☐ Wax Rim ☐ Mesh ☐ Reline Hard ☐ Reline Soft ☐ Repair
☐ Sports Guard Color: _____ ☐ Bleaching Tray

Removable

- ☐ Wax Rim Try-In
☐ Teeth Try-In
☐ Finish

GUM SHADE:

SHADE:



SPECIFIC INSTRUCTIONS:

*Send all photos to kinglabdigital@gmail.com

Signature

Date