



We sent: ☐ Impression ☐ Model ☐ Bite ☐ Study Model ☐ Photo ☐ Implant Hardware ☐ Other

Cast Partial Denture framework (☐ Upper/☐ Lower)

☐ Co-Cr Framework ☐ Vitallium 2000 ☐ Biodent Acrylic Framework

Acrylic Partial

☐ Partial Acrylic Denture ☐ Full Denture ☐ Complete Denture
☐ Luciton 199 Acrylic ☐ Flipper ☐ Set up teeth

Acrylic Shade

☐ Original ☐ Light ☐ Dark ☐ Clear

Flexible Partial

☐ Valplast ☐ TCS flexible

Flexible Partial Shade

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

Clasp

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

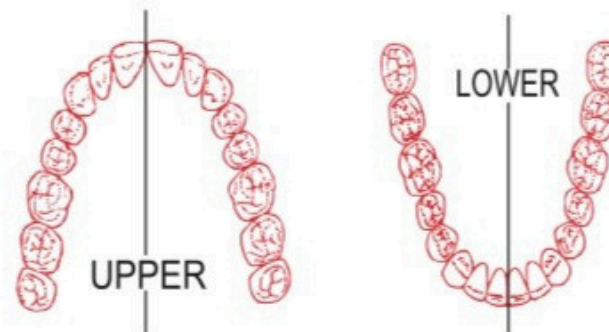
Others

☐ Customs tray ☐ Wax rim ☐ Base Plate+Bite rim
☐ Immediate Denture ☐ Add mesh ☐ Reline Hard/Soft
☐ Implant Surgical Guide ☐ Clear Aligners ☐ Snap-on Smile

RETAINER

☐ Clear retainer ☐ Hawley retainer ☐ Permanent Retainer
☐ Night Guard-soft ☐ Night Guard-hard ☐ Night Guard(Hard & Soft)
☐ Orthodontic Expander ☐ Anti-snore ☐ Space maintainer
☐ Sport guard ☐ Clear Aligner

Case Number: _____ Male: _____ Date Sent: _____
 Female: _____ Date Due: _____
 Dentist: _____ Patient: _____



For try-in ☐	Finish ☐
Shade	

GINGIVAL
BODY
INCISAL



SPECIFIC INSTRUCTION: