



Doctor Name _____
Phone _____
Patient Name _____
Return Date _____

Removable Restorations

SHADE/MOULD _____

Please Check Applicable

FULL DENTURE

- Upper
- Lower
- Custom Tray
- Bite Rim

ACRYLIC SHADE

- Regular Pink
- Medium Pink
- Dark Pink

PARTIAL DENTURE

- Upper
- Lower
- With Setup
- Metal
- Duraflex Partial
- Try-In Casting
- Finish

CLASP DESIGN and Teeth # ____

- Pink
- Wire
- Clear

FLIPPER and Teeth # ____

- With Cast Wire Clasp
- Without Clasp
- Duraflex Flipper

REPAIRS and RELINES

- Fracture Repair
- Reline
- Reline with Soft Liner
- Rebase Denture
- Replace Teeth # ____
- Clasp
- Duraflex Repair

INSTRUCTIONS:

Doctor Signature _____

License # _____

Date _____