



Dr. Name _____ Phone # _____

Patient Name _____

Address/Email _____ Deliver by 5 p.m. on _____

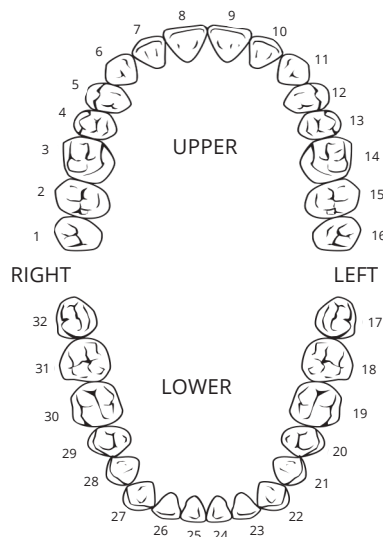
Enclosed with Case: ☐ Impressions ☐ Models ☐ Bite ☐ Bite stick ☐ Photos ☐ Other: _____

REMOVABLE Rx

Implant system: _____

Implant diameter: _____

☐ Please order all implant components for this case



Signature _____

License # _____ Date _____

DENTURES/FLIPPERS/FLEXIBLE PARTIALS

- ☐ UPPER ☐ LOWER
☐ Economy ☐ Premium

Finish

- ☐ Light ☐ Medium ☐ Heavy

Teeth Shade Selection

Digital Shade: _____

Traditional Shade: _____

Premium Shade: _____

Denture

- ☐ Digital (3D-printed)
☐ Traditional
☐ Immediate
☐ 3D-printed
☐ Traditional
☐ Copy (3D-printed)

Partial

- ☐ Flipper
☐ Valplast
☐ tcs
☐ DuraFlex

Select Phase

- ☐ Custom tray
☐ Bite rim
☐ Setup try-in
☐ Finish
☐ Repair
☐ Reline
☐ Soft
☐ Hard

METAL PARTIALS

Frame Material

- ☐ Nobilium Cobalt (Standard)
☐ Vitallium (Premium)

Metal Clasp Design

- ☐ Lab select complete design
☐ Other: _____

Frame Design:

-Maxillary:

- ☐ Palatal Strap
☐ Horse Shoe

-Mandibular:

- ☐ Lingual Plate
☐ Lingual Bar

Esthetic Clasp Material :

- ☐ Valplast ☐ Teeth Color
☐ Tcs ☐ Gum Color

OVERDENTURES

Removable Implant Prosthesis

- ☐ Locator Overdenture
☐ Locator Bar Overdenture
☐ Hader Bar Overdenture

LOCATOR PROSTHESIS

- ☐ Zirconia
☐ Esthetic Zirconia
☐ PMMA
☐ Acrylic

OVERDENTURE SYSTEM

- ☐ RT ☐ RTX ☐ Nova Loc ☐ Other: _____

Retention Strength

- ☐ Light ☐ Medium ☐ Strong ☐ Other: _____

NIGHTGUARDS/RETAINERS

- ☐ UPPER ☐ LOWER

- ☐ 3D Hard ☐ Comfort H/S* ☐ Soft nightguard
☐ CLEARsplint ☐ Essix Retainer ☐ Bleach Tray

SMILE SELECTION:

- ☐ Natural ☐ Softened ☐ Enhanced ☐ Hollywood
☐ Other: _____

Lip line marker in bite rim:

- ☐ Yes ☐ No

Occlusal Clearance Issues

- ☐ Call Doctor ☐ Trim Opposing ☐ Reduction Coping

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