

DATE: _____

PATIENT: _____

☐ M

☐ F

☐ Custom Tray Due Date _____

☐ Bite Block Due Date _____

☐ Teeth Setup Due Date _____

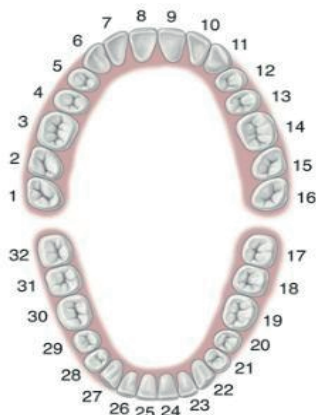
☐ Finish Due Date _____

DR.: _____

TEL: _____

ADDRESS: _____

Rx Specific Instructions



REMOVABLE

COMPLETE DENTURES

☐ Standard Denture ☐ Upper

☐ Immediate Denture ☐ Lower

PARTIAL DENTURES

☐ Metal Frame only ☐ Upper

☐ Standard Metal Denture ☐ Lower

☐ Flexible Partial

☐ Metal/Flexible Combo

STAY PLATES

☐ Stay Plate (4T + 2C) ☐ Upper

☐ Flipper (1T) ☐ Lower

GUARDS & RETAINERS

☐ Nightguard ☐ Upper

☐ Soft ☐ Lower

☐ Hard

☐ Combination

☐ Retainer

REPAIRS & RELINES

☐ Reline ☐ Upper

☐ Soft ☐ Lower

☐ Hard

☐ Repairs

Dr. License # _____

Dr. Singature _____