



DOCTOR NAME _____ DATE _____
 ADDRESS _____ ACCOUNT # _____
 PATIENT NAME _____ DELIVERY DATE _____

DENTURES

- Standard Denture
- Premium Denture
 - Try-In
 - Finish

PARTIALS

- Flipper (No Clasps)
- Acrylic Partial
- Cast Metal Partial
- Valplast Partial
- Valplast / Metal
 - Framework Try-In
 - Framework w/ Rims
 - Framework w/ Set-Up
 - Finish

OCCLUSAL GUARDS

- Hard
- Soft
- Hard/Soft

OTHER

- Custom Tray
- Occlusal Rim
- Name in Denture
- Reline
- Repair
- Bleaching Tray
- Gold Tooth
- Other

R^x Tooth Shade _____ REMOVABLE APPLIANCE

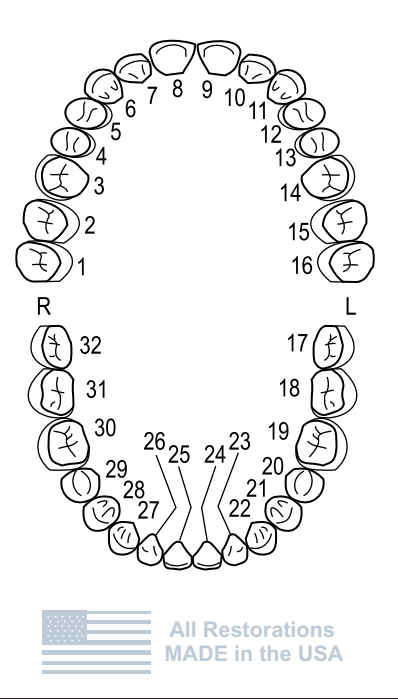
Acrylic Shade
 Pink 50/50 Meharry

Signature _____ License # _____

Enclosed with Case: Impressions Models Bite
 Photos Other _____

Stock Teeth (No Charge) Premium Teeth (Extra Charge)
 Brand _____ Shade _____ Mould _____

Please Retain Pink Copy for Your Records



LAB USE ONLY

- QUALITY CONTROL CHECKLIST**
- RX Followed
 - Set-Up / Arrangement
 - Occlusion
 - Fit to Model (Partial Only)
 - Frenum Relief / Flange Extensions
 - Polish
 - Overall Esthetics
 - Delivered On Time
- QC Approved _____