

Doctor _____ Ph# _____

Patient _____ Age _____ Sex _____

Date _____ Try-In Date _____ Due Date _____

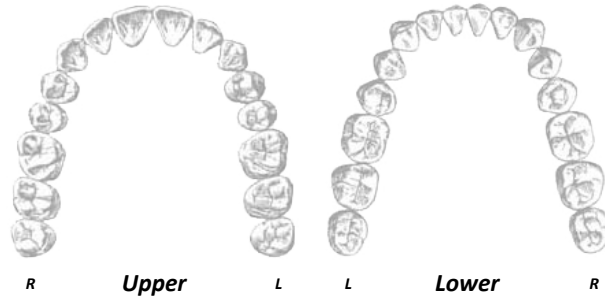
Upper Lower Try-in Finish Tooth Shade _____

Dentures & Partials

- Standard Denture
- Premium Denture
- Immediate Denture
- Cast Frame Partial
- Clasp Type
 - Cast Wire
- Ivocap Base Colors
 - Pink Pink-V
 - US-L US-P
 - S US-D
 - 34-V Preference
- Acrylic Partial
- Acrylic Flipper
- Custom Tray
- Reline
- Repair
 - Clasp Tooth
 - Acrylic Solder
- Occlusal Rim
- Base Plate
- Wax Try-in
- Frame Try-in
- Lab Select Design
- Dentist Select Design

TMJ Appliances & Bite Splints

- Flat Occlusal Plane
- Spears Style Anterior Splint
- Anterior Deprogrammer
- Night Guard
- Full Lower Bite Splint
- Lower Bite Splint (cover cuspids)
- Dawson B-Splint
- Opposing Arch B-Splint (optional)
- Full Palate
- No Tissue Contact
- Ball Clasps
- Add Cuspid Rise
- Lingual Bar
- Posterior Occlusal Mesh



Rx _____

Signature _____ Lic# _____

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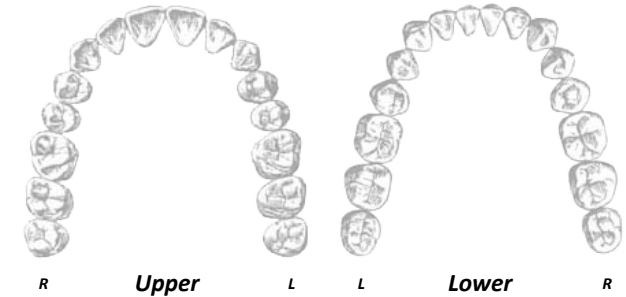
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