

Doctor \_\_\_\_\_ Ph# \_\_\_\_\_

Patient \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Date \_\_\_\_\_ Try-In Date \_\_\_\_\_ Due Date \_\_\_\_\_

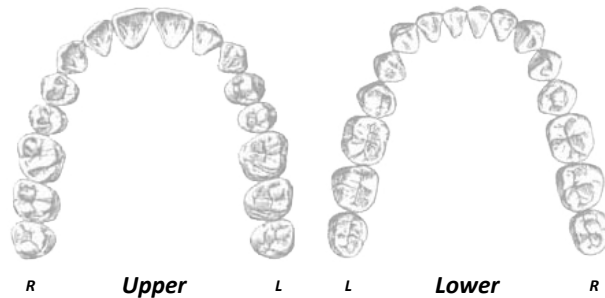
Upper  Lower  Try-in  Finish Tooth Shade \_\_\_\_\_

**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 \_\_\_\_\_  
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Signature \_\_\_\_\_ Lic# \_\_\_\_\_

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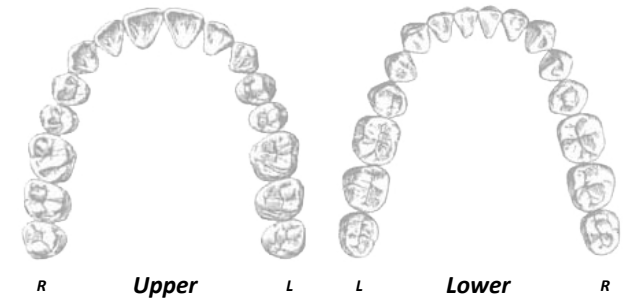
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