

Doctor _____ Patient _____
 Address _____ Age _____ Sex Male Female
 City _____ St _____ Zip _____
 Phone _____
 Date Sent : _____
 Try-In Date : _____
 Finish Date : _____

Please send : RX Forms Mailing Boxes Other _____

PARTIALS AND DENTURES (Please)

CASE DESIGN

- Flexible Partial Upper
- Full Upper
- Full Lower
- Cusil Denture
- Other _____
- Flexible Partial Lower
- Partial Upper
- Partial Lower
- Jump Denture

FACIAL CHARACTERISTICS

- Square
- Square Tapering
- Tapering
- Ovoid
- Dominant rt side
- Dominant lft side
- Diastema
- Papillameter _____
- Alameter _____

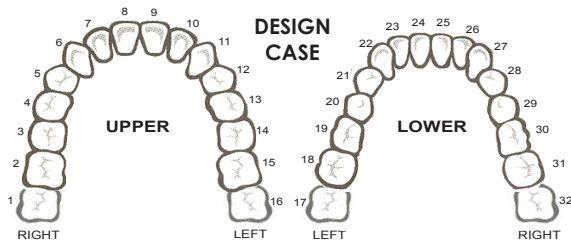
MATERIALS

- Reline
- Custom Tray
- Bite Block
- Relief
- Repair
- Surgical Tray
- Post Dam
- Altered Cast

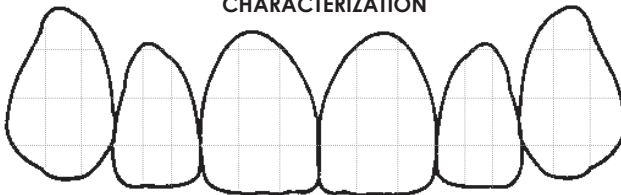
- Anterior Teeth : Porc. Plastic
- Shade _____ Mold _____
- Posterior Teeth : Porc. Plastic
- Shade _____ Mold _____
- Lucitone 199
- Swissjet Injection
- SR Ivocap Injection
- Gingival Characterization
- Vinyl _____ Soft liner _____
- Cast Chrome
- Temporary
- Flipper
- Success Injection

- Please exclude identification
- Please mark denture for ID purposes as : _____

ADDITIONAL INSTRUCTIONS



CHARACTERIZATION



CAD / CAM Milled Titanium Bars (Please)

TYPE

- Marius Bridge
- Fixed Dental Prosthesis (Screw retained "Hybrid")
- Overdenture Milled Bar with attachments
- Verification Jig & C-Tray

Email Preliminary Design?
 Yes No

Email Address : _____

IMPLANTS

Implant Manufacturer _____ Platform _____

Attachment Type _____

ADDITIONAL INSTRUCTIONS

DOCTOR PLEASE RETAIN DUPLICATE COPY

Signature _____

License Number _____ State _____



THANK YOU!