



800-440-0314

2284 N. Glassell St., Suite# C
Orange, CA 92865

Rx

Full Partial Unilateral

Dr. Name _____ Account# _____

Address _____

City _____ State _____ Zip _____

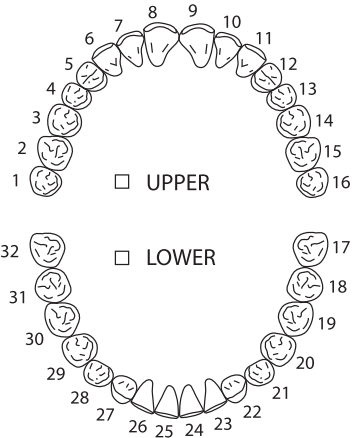
Phone# _____ Fax # _____

E-mail _____ Today's Date _____

Patients Information

Name _____

Age _____ Sex M F



Made in the U.S.A.



Shade: _____ Due Date: _____ / _____ / _____

Finish Teeth Tryin Reset Teeth Frame Tryin Bite Blocks Frame Tryin w/ Bite Blocks Dr. Signature: _____ License # _____

Dentures <input type="checkbox"/> Premium <input type="checkbox"/> Ivobase <input type="checkbox"/> Totally Natural <input type="checkbox"/> Suction-Cup <input type="checkbox"/> Thermodent	Implant Overdentures <input type="checkbox"/> Hader Bar (Casted) <input type="checkbox"/> Hader Bar (Milled) <input type="checkbox"/> Locator <input type="checkbox"/> Other _____	Implant Screw Retained Dentures <input type="checkbox"/> Hybrid with Titanium Bar <input type="checkbox"/> Bruxzir Hybrid Bridge <input type="checkbox"/> Other _____	Non-Metal Partial <input type="checkbox"/> TCS Flexible <input type="checkbox"/> Totally Natural <input type="checkbox"/> Elasti-Grip <input type="checkbox"/> Perflex <input type="checkbox"/> Duracetal	Combo Partial <input type="checkbox"/> TCS Combo with Metal Frame <input type="checkbox"/> Totally Natural with Metal Frame <input type="checkbox"/> Perflex with Metal Frame <input type="checkbox"/> TCS with Metal Rest Seats (only) <input type="checkbox"/> Other _____	Cast Partial <input type="checkbox"/> Vitallium 2000* <input type="checkbox"/> Vitallium 2000 Plus* <input type="checkbox"/> AdvantaLock <input type="checkbox"/> European Stress Breaker	Acrylic Partial <input type="checkbox"/> 1 to 3 Teeth # _____ <input type="checkbox"/> 4 to 6 Teeth # _____ <input type="checkbox"/> 7 to 14 Teeth # _____
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Premium Teeth (Extra Charge Applies)

Vitapan
 Ivoclar Blue Line
 Portrait IPN
 Porcelain
 House Premium
 Other _____

Tooth Shade

Kenson Shade
 55 61 62 65 66 67 69 77 81 87
 shade _____ mould _____

Vita Shade
 A1 A2 A3 A3.5 A4
 B1 B2 B3 B4
 C1 C2 C3 C4
 D2 D3 D4
 shade _____ mould _____

Other Shade Guide Name _____
 shade # _____

Immediates

Extracting all teeth
 Extract # _____

Relines & Repairs

Reline
 Reline (Soft)
 Reline (Suction-Cup)
 TCS Reline
 Acrylic Repair
 Metal Repair
 TCS Repair

Nightguards/Sleep

Hard Nightguard
 Hard-Soft Nightguard
 Talon Nightguard
 Flexite TMJ Splint
 Soft Nightguard
 EMA Snoring Device
 TAP3 Snoring Device

Sportsguards

Pro-Form (Single Layer & Single Color)
 All-Pro (2 Layer & Single Color)
 All-Pro (3 Layer & Single Color)
 All-Pro Custom (2 Layer, Multi-color, Graphics)
 Other _____
 Colors _____

Cosmetic Temps

Shade
 Abutment tooth #s _____
 Pontic tooth #s _____
 Splinted
 Single Units

Tissue Shade

Light Pink
 Pink
 Ethnic
 Clear
 Other _____

Denture Accessories

Custom Tray
 Bite Block
 Name in Denture
 Mesh Reinforcement
 Metal Cast Palate

Orthodontic

Hawley Retainer
 Essix Clear Retainer
 Bleaching Trays
 Space Maintainer
 Bilateral Space Maintainer
 Other _____