

# Poly-Tech

dental studio inc.

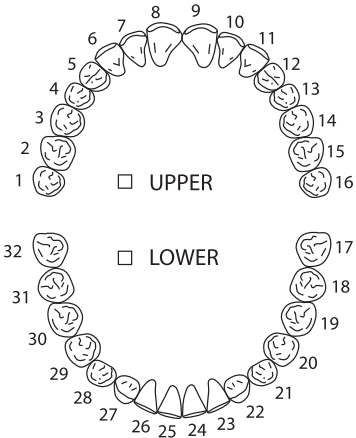
"Quality Prosthetic Service"

**800-826-9684**

12402 Philadelphia St.,  
Whittier, CA 90601

## 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

**Dr. Signature:** \_\_\_\_\_ License # \_\_\_\_\_

Made in the  
U.S.A.



Finish     Teeth Tryin     Reset Teeth     Frame Tryin     Bite Blocks     Frame Tryin w/ Bite Blocks

**Shade:** \_\_\_\_\_ **Due Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

<b>Dentures</b> <input type="checkbox"/> Premium <input type="checkbox"/> Ivobase <input type="checkbox"/> Totally Natural <input type="checkbox"/> Suction-Cup <input type="checkbox"/> Thermodent	<b>Implant Overdentures</b> <input type="checkbox"/> Hader Bar (Casted) <input type="checkbox"/> Hader Bar (Milled) <input type="checkbox"/> Locator <input type="checkbox"/> Other _____	<b>Implant Screw Retained Dentures</b> <input type="checkbox"/> Hybrid with Titanium Bar <input type="checkbox"/> Bruxzir Hybrid Bridge <input type="checkbox"/> Other _____	<b>Non-Metal Partial</b> <input type="checkbox"/> TCS Flexible <input type="checkbox"/> Totally Natural <input type="checkbox"/> Elasti-Grip <input type="checkbox"/> Perflex <input type="checkbox"/> Duracetal	<b>Combo Partial</b> <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 _____	<b>Cast Partial</b> <input type="checkbox"/> Vitallium 2000* <input type="checkbox"/> Vitallium 2000 Plus* <input type="checkbox"/> AdvantaLock <input type="checkbox"/> European Stress Breaker	<b>Acrylic Partial</b> <input type="checkbox"/> 1 to 3 Teeth # _____ <input type="checkbox"/> 4 to 6 Teeth # _____ <input type="checkbox"/> 7 to 14 Teeth # _____
<b>Premium Teeth (Extra Charge Applies)</b> <input type="checkbox"/> Vitapan <input type="checkbox"/> Ivoclar Blue Line <input type="checkbox"/> Portrait IPN <input type="checkbox"/> Porcelain <input type="checkbox"/> House Premium <input type="checkbox"/> Other _____	<b>Tooth Shade</b> <input type="checkbox"/> Kenson Shade 55 61 62 65 66 67 69 77 81 87 shade _____ mould _____ <input type="checkbox"/> Vita Shade A1 A2 A3 A3.5 A4 B1 B2 B3 B4 C1 C2 C3 C4 D2 D3 D4 shade _____ mould _____ <input type="checkbox"/> Other Shade Guide Name _____ shade # _____	<b>Immediates</b> <input type="checkbox"/> Extracting all teeth Extract # _____ _____ _____	<b>Relines &amp; Repairs</b> <input type="checkbox"/> Reline <input type="checkbox"/> Reline (Soft) <input type="checkbox"/> Reline (Suction-Cup) <input type="checkbox"/> TCS Reline <input type="checkbox"/> Acrylic Repair <input type="checkbox"/> Metal Repair <input type="checkbox"/> TCS Repair	<b>Nightguards/Sleep</b> <input type="checkbox"/> Hard Nightguard <input type="checkbox"/> Hard-Soft Nightguard <input type="checkbox"/> Talon Nightguard <input type="checkbox"/> Flexite TMJ Splint <input type="checkbox"/> Soft Nightguard <input type="checkbox"/> EMA Snoring Device <input type="checkbox"/> TAP3 Snoring Device	<b>Sportsguards</b> <input type="checkbox"/> Pro-Form (Single Layer & Single Color) <input type="checkbox"/> All-Pro (2 Layer & Single Color) <input type="checkbox"/> All-Pro (3 Layer & Single Color) <input type="checkbox"/> All-Pro Custom (2 Layer, Multi-color, Graphics) <input type="checkbox"/> Other _____ <input type="checkbox"/> Colors _____	<b>Cosmetic Temps</b> <input type="checkbox"/> Shade <input type="checkbox"/> Abutment tooth #s _____ <input type="checkbox"/> Pontic tooth #s _____ <input type="checkbox"/> Splinted <input type="checkbox"/> Single Units
<b>Tissue Shade</b> <input type="checkbox"/> Light Pink <input type="checkbox"/> Pink <input type="checkbox"/> Ethnic <input type="checkbox"/> Clear <input type="checkbox"/> Other _____			<b>Denture Accessories</b> <input type="checkbox"/> Custom Tray <input type="checkbox"/> Bite Block <input type="checkbox"/> Name in Denture <input type="checkbox"/> Mesh Reinforcement <input type="checkbox"/> Metal Cast Palate	<b>Orthodontic</b> <input type="checkbox"/> Hawley Retainer <input type="checkbox"/> Essix Clear Retainer <input type="checkbox"/> Bleaching Trays	<input type="checkbox"/> Space Maintainer <input type="checkbox"/> Bilateral Space Maintainer <input type="checkbox"/> Other _____	