

Dr.: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Patient: \_\_\_\_\_ Age: \_\_\_\_\_  
 Male  Female  Use Name for Patient I.D.  
 Request Return Date: \_\_\_\_\_ Time: \_\_\_\_\_



2065 West Woodland • Springfield, Missouri • 65807  
 (800) 462.3569 • (417) 881.8572 • Fax (417) 881.0484  
 West Plains, MO (417) 256.3474 • (800) 582.2291  
 Jefferson City, MO (573) 634.4710 • (888) 881.8572

Special instructions:  Please Call  
 Exception to my Doctor Preferences  
 Has this case been disinfected?  Yes  No  
 Papilla meter \_\_\_\_\_ High Alma Gauge \_\_\_\_\_  
 \_\_\_\_\_ Low Vert \_\_\_\_\_ Horiz \_\_\_\_\_

**ENCLOSED WITH CASE**  
 Impression  Master Model  Opposing Model  Master Model  
 Bite Relation  Facebow  Articulator  Framework  
 Attachment  Implant Components  Old Crown  
 Other \_\_\_\_\_

**FULL DENTURE**

Upper  Lower  
 Model  Tray  Bite rim  Processed base  
 Tracer  Try-in  Reset  Finish  
 Immediate  Duplicate

**DENTURE TEETH**

Premium	Standard	Economy	Shade	Mould
<input type="checkbox"/> Trubyte IPN	<input type="checkbox"/> Vivodent DCL	<input type="checkbox"/> Classic	Ant _____	Ant _____
<input type="checkbox"/> Vivodent PE		<input type="checkbox"/> Arctic (Vita Shades)	Post _____	Post _____
<input type="checkbox"/> Porcelain				

**DENTURE BASE MATERIALS & FINISHES**

Base Material:  Premium  Ivocap  Northerm  
 Finishes:  Festoon  Stipple  Smooth  No Rugae  
 Ethnic:  Medium  Dark

**DENTURE SERVICES**

Reline:  Hard  Soft  
 Repair:  Base  Tooth Tooth #'s \_\_\_\_\_  
 Rebase:

**IMPLANTS**

WE SUPPORT ALL MAJOR IMPLANT SYSTEMS AND WILL BE HAPPY TO ASSIST YOU WITH YOUR IMPLANT NEEDS FROM CASE PLANNING TO INSERTION OF THE FINAL PROSTHESIS

Payment is due upon receipt of statement. Any payment or portion not received within 30 days of INVOICE is subject to a 1.5% per month service charge on unpaid balance until payment is received in full. Your signature is acceptance of these terms.  
*Each prescription must be completed and signed.*  
 X \_\_\_\_\_  
 Doctor's signature License Number  
 Return White Copy Completed Keep Yellow Copy For Your Files 4/08

**PARTIAL DENTURE**

Premium  Economy  
 Esthetic hidden clasp partial  Saddle Lock  
 Conventional partial  Swing Lock  
 Economy hidden bar partial  Split bar  
 Nesbit partial  Cast base  
 Frame design only  Clear clasp  
 Frame try-in  
 Frame/wax rim  
 Frame/try-in teeth Tooth # \_\_\_\_\_  
 Frame/teeth processed Shade \_\_\_\_\_  
 (See Denture Teeth for Tooth Selection)

**METAL FREE PARTIALS**

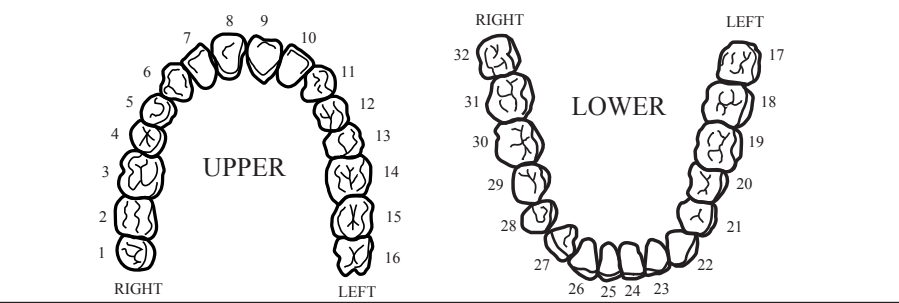
Valplast  Baseplate/wax rim  
 Flexite Plus  Baseplate/teeth  
 F.R.S.  Finish  
 Cu-Sil  Clear Clasp  
 Tooth # \_\_\_\_\_

**ACRYLIC PARTIALS**

Processed Acrylic  Flipper (self cure)  
 Try in: Tooth #'s \_\_\_\_\_  
 Clasps: \_\_\_\_\_  
 Cast  Wire  
 Tooth #'s: \_\_\_\_\_  
 Shade: \_\_\_\_\_  
 (See Denture Teeth for Tooth Selection)

**ORTHODONTICS**

Removable  Occlusal splint  
 Fixed  Hard  
 See design  Soft  
 See Notes  
 Other: \_\_\_\_\_  
 Custom Colors: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



**ULTRA-E DENTURE SYSTEMS**

**E.S.P** - Esthetic bite rim with intraoral tracer, processed base, set-up, process, premium teeth and patient identification.  
 **SWISSEDDENT** - Esthetic bite rim with intraoral tracer, processed base, set-up, process, premium teeth and patient identification.