

PAN	No.	CASE No.	
CERTIFED DENTAL LABORATORIES	5115 5 4 7 5		
LABORATORIES	DUE DATE	TIME	

		M/F	
ATIENT NAME		SEX	AGE
- Enclosed — / INSTRUCTION	NS		
Impression Working Opposing Bite Study Model Articulator	☐ Try-i	in Finisl	h 
Crown Die Shade Guide Photos			
Denture Partial			
Setup Bite Rim Frame			
Custom Tray			
- Analog			
- Transfer			
- Jiggs			
File			
- Max			
- Mand			
- Bite			
Printed Model Tooth Shade [	Stı	ump Shade	

Intormation(Please Mark all theeth to be extrac	ted and replaced)
6 11 5 P 12	32 X 17 31 1 18 30 Lower Arch 20 29 28 27 26 25 24 23 22
Full Denture  Custom Tray  Base+Bite block  Wax-up with teeth  Process/Finish  Ditect Finish  Gum shade  - Light  - Dark  - Original  Ditect Finish	Partial Denture  Frame Only Frame w/Rim Frame w/Teeth Try-in Frame w/Teeth Finish
Immediate/Acylic Denture	Clasps —
Full Imm.  Wax-up with teeth  Process/Finish  Ditect Finish  Partial Imm./ Stayplate/Flipper  Process/Finish	Roach RPI Akers Other Other
Implant Denture Appliance(Choose one)	Clasping —
Inslusive Screw-Retained Hybrid Denture  Bite splint(Additional fee applies) Inslusive Locator Bar Overdenture	Cast clasp on #
Inslusive Locator Overdenture	/ Nightguards/Splints —
Inslusive Mini Implant Overdenture	Upper Lower
Other —	Spper Cower Cower
Reline Rebase	Soft
Simple repair	Hard(clear acrylic)
Complex repair	FlexiGuard(hard-soft)
Soft liner	Astron thermoguard
Add clasp (Clasp Type)	Sports guard
	Milled guard  Printed guard  ESSIX  Deprogrammer
Printed Denture/Milled ———————————————————————————————————	Printed guard
- Light	Ecciv C
- Dark	ESSIX
- Original	Deprogrammer ( )

**DOCTOR SIGNATURE** 

LICENSE NO.

DATE