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REMOVABLE RESTORATIONS

Please applicable boxes. ROE standards (★) will apply if no selection is made.

FULL DENTURE Upper Lower

- ★ ESP Bite Rim (Specify Acrylic Shade)
- Economy Bite Rim
- Set-up
 - ★ Ideal Arrangement
 - ★ Lingualized Occlusion
 - Match Study Model
 - Characterized (See Instructions)
 - Staub Cranial
- Reset for Try-in
- Reset and Finish
- Finish
- Finish w/ Gingival Tinting
- Immediate Teeth # _____
- Soft Gasket Teeth # _____

ACRYLIC SHADE

- ★ Preference (Pink)
- Dark Pigment

REPAIRS & RELINES

- Reline
- Reline w/Soft Liner
- Rebase Denture
- Replace Teeth # _____
- Fracture Repair
- Laser Weld Clasp Retention

OTHER SERVICES

- Custom Tray Solid Perf.
- Permanent Soft Liner
- A.E.D. Duplicate Denture
- Bleach Tray Opalescent Foam
- Implant Stent
 - Acrylic Guide Rite CT Based

PARTIAL DENTURE Upper Lower

- Cast Framework
 - Standard Premium Wironium
 - Try-in Casting
 - Try-in w/Bite Block
 - Try-in w/Setup
 - Handpacked Pontics Teeth # _____
 - Alternative Clasp Design Teeth # _____
 - Tooth Colored Opaqued Laser Wire
- Valplast w/ Cast Substructure
 - Try-in w/Setup Finished
- Flipper w/WW Clasps Teeth # _____

BITE SPLINT ★ Upper Lower

- ★ Eclipse Acrylic w/ Soft Thermoplastic Liner
- Comfort H/S
- Vacuform Nightguard Soft Dual
- Elastomer Soft Nightguard

★ Bruxism Design (flat w/cusp contact)

- ★ w/3mm Labial Coverage
- w/no Labial Coverage
- TMJ Design (Anterior Guidance)
 - ★ w/3mm Labial Coverage
 - w/no Labial Coverage

ORTHODONTICS

- Fixed Space Maintainer Gelb
- Hawley Tanner Other

IMPLANT CASE DESIGN

- Overdenture Hybrid
- CAD Bar Conus Freestanding
- Locator ERA Bredent O-Ring Other

TEETH

- ★ Ivoclar
- Economy
- _____

SHADE _____

MOULD _____

Doctor Name _____ Date _____

Address _____

Patient Name _____ Age _____ Sex M F

RETURN BY 5:00 P.M. ON _____ Phone _____

Expedite - same day and expedite requests will be honored, additional fees apply

Send Rx Shipping Labels Boxes

Instructions

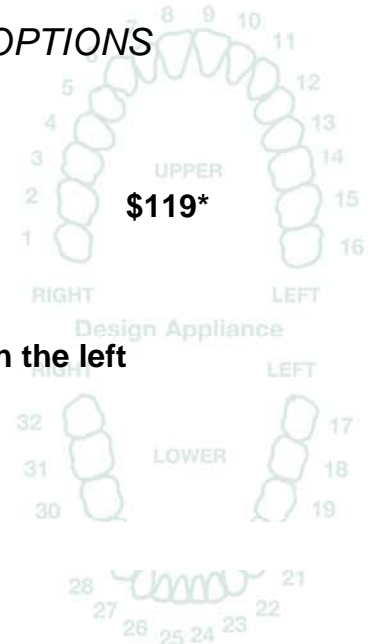
SPLINT MATERIAL OPTIONS

Comfort H/S \$59

Eclipse \$88

* **with soft liner**

additional details are on the left



Signature _____ License # _____

The person signing this work order accepts responsibility for payment and agrees to pay all collection costs including attorney's fees. A 1 1/2% (18%/yr.) finance charge will be added to all balances due over 30 days.

Lab Use Only

Dr. called by _____ Date _____

Lot Numbers 1 _____ 2 _____ 3 _____