Start date:_____ Due Date: _____ Appt date & Time _____

Dr. _____ Patient Name: _____

Address: _____ Male Female Age: _____

City: _____ State & Zip: _____

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FULL DENTURES

Immediate Denture
- ☐ - Standard flask
- - Economy teeth
- - Smooth, Hygienic Finish

Essential Line Denture
- ☐ - Ivocap Injected
- - Artic or similar teeth
- - Smooth, Hygienic Finish

Select Line Denture
- ☐ - Ivocap Injected
- - Blueline or similar teeth
- - Anatomic tissue sculpting

Hybrid Denture
- ☐ - Ivocap Injected
- - Blueline or similar teeth
- - Anatomic tissue sculpting

SHADE _____

DENTURE Upper | Lower | Both

SETUP Bold | Soft

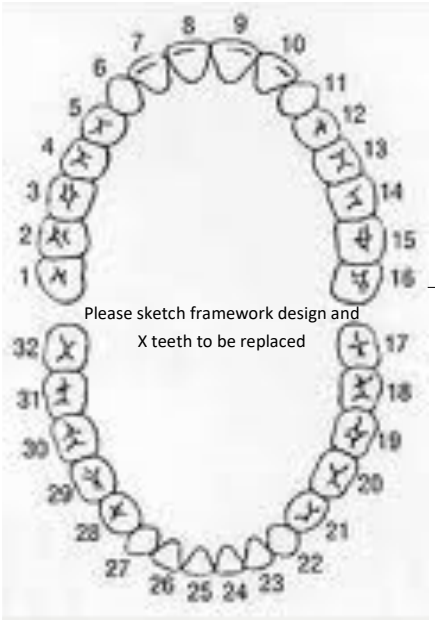
TOOTH ARRANGEMENT:
Non-Anatomic Lingualized
Balanced Other _____

SERVICES DESIRED:
Custom Tray Bite Rim
Wax tryin Reset
Process/Finish

Papilia Measurement _____
Alameter _____
Denture Gauge X _____ Y _____

Hybrid or Denture detailed instructions:

PARTIAL DENTURES



SHADE _____

FRAMEWORK DESIGN:
Circular Horseshoe
Palatal Strap Lingual Bar
Lingual Plate

RELIEF: None
Heavy Light

Detailed instructions:

REPAIRS | RELINES | OTHER

- ❒ Simple Acrylic Repair
- ❒ Complex Acrylic Repair
- ❒ Replace tooth – tooth # _____
- ❒ Wrought Clasp – Location _____
- ❒ Cast wire Clasp – Location _____
- ❒ Bleaching Tray ❒upper ❒lower
- Other-

- ❒ Reline (cold cure)
- ❒ Reline (heat cure)
- ❒ Rebase
- ❒ Splint
- ❒ Night Guard
- ❒ Sports Guard

Dentist Signature Licence # Email address