



Today's Date _____	Doctor _____	E-Mail _____
Address _____	Phone # _____	

Account: _____	City _____	State _____	Zip Code _____
Patient Name _____		<input type="checkbox"/> Male	<input type="checkbox"/> Female
Requested Return Date: _____	Appointment Time: _____	Age: _____	

**LAB USE ONLY:**

Date Received: \_\_\_\_\_ Pan#: \_\_\_\_\_

Model: \_\_\_\_\_ Impressions: \_\_\_\_\_

- |                                |   |
|--------------------------------|---|
| <u>Shade</u>                   | <u>Mould</u>                            |
| <input type="checkbox"/> Upper | <input type="checkbox"/> Try-In         |
| <input type="checkbox"/> Lower | <input type="checkbox"/> Finish         |
|                                | <input type="checkbox"/> Repair         |
|                                | <input type="checkbox"/> Dr. Evaluation |

**Acrylic Partial**

- Premium (\$229)
- Generic (\$249)
- Flipper( Up to 4 teeth)
- Tooth Colored Flex (\$329)

**DMLS Partial**

- Premium (\$299)
- Generic (\$249)
- Just Framework (\$139)
- Combo W/Flex (\$329)

**TCS Flexible**

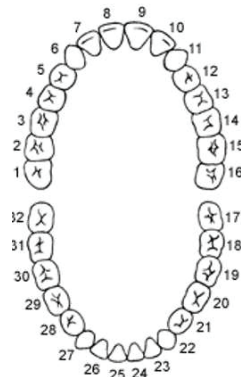
- Premium (\$249)
- Generic (\$199)
- Nesbit
- Clear Frame (\$279)

**Case Instructions:**

**Acrylic Color:**

- Pink Veined (Normal)
- Ethnic (Normal)

**Case Design:**



**Denture**

- 3D Print (\$349)
- Premium (\$250)
- Generic (\$140)
- Immediate

**Nightguard**

- 3D Print (\$99)
- Premium H/S (\$59)
- Comfort Hard (\$54)
- Soft (\$35)

**Implant**

- Locator (\$499)
- MDI (\$399)
- DMLS Partial
- Zirconia Hybrid (\$2499)

**Ortho**

- Suck Down Retainer
- Hawley Retainer
- EMA First Step

**Bite Registration**

- 3D Custom Impression Tray (\$35)
- Bite Block (\$25)

**Repairs:**

- Repair Teeth
- Fracture
- Add Clasp
- Reline (\$95)
- Soft Reline (\$125)
- Transfer Denure Base (\$125)
- Laser Weld (\$35)

\*Other products are always available\*

Please Send The Following: Rx Forms Boxes Mailing Labels

Signature: \_\_\_\_\_ License # \_\_\_\_\_