



**WORK ORDER FORM**

**\*\*Removable\*\***

*LAB USE ONLY:*

**Step One: Doctor Info**

Today's Date  Doctor   
Address   
City  State  Zip Code

Date Received: \_\_\_\_\_

**Step Two: Patient Info**

Patient Name

Dr. Models: \_\_\_\_\_

Male  Female Age

**Step Four: Return Date**

Requested Return Date  Appointment Time

Lab Models: \_\_\_\_\_

**Step Three: Case Info**

Upper  Try-In  Dr. Evaluation  
 Lower  Finish  Repair

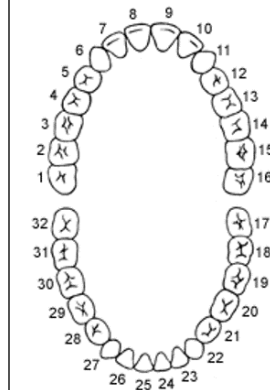
Shade  Mould

Case Instructicons:

**Acrylic Color:**

- Pink Veined (Normal)
- Light Pink
- Reddish Pink
- Ethnic (Normal)
- Ethnic Light
- Ethnic Dark

**Design Case Here:**



**Step Five: Product Selection (Selection Below Will Determine Fee)**

**Cad/Cam**

- PALA Digital Denture
- Chrome Cobalt Laser Sintered Partial
- Surgical Guide

**Bite Registration**

- Custom Impression Tray
- Baseplate With Biteblock

**Denture**

- Premium
- Generic
- Immediate

**Overdenture**

- MDI
- Locator
- Bar

**Acrylic**

- Premium
- Generic (2 Clasps)
- Flipper (Up to 4 teeth)

**Cast Partial**

- Premium
- Generic
- Flipper

**TCS Flexible Partial**

- Premium
- Generic
- Nesbit
- Flipper
- Clear Frame

**Nightguard/Ortho**

- Clear Acrylic Nightguard
- Soft Nightguard
- Hawley Retainer
- Comfort H/S Nightguard
- Suck Down Retainer
- EMA First Step

**Repair**

- Add/ReAttach Tooth/Teeth
- Fracture
- Add Clasp
- Reline
- Soft Reline
- Transfer Denture Base

**\*Other products are always available\***

**Extras**

- Fiber Mesh
- Suction Cup Liner
- Clear Denture

**Step Six: Validate**

Please Send The Following:  Rx Forms  Boxes  Mailing Labels

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