

DR. _____ DATE _____

ADDRESS _____

Patient _____ Sex: M F Age: _____

Due Date : ____ / ____ / ____ * Please make sure that the due date is 1-2days before Pt's appointment date.

ANATOMY : Obese Slim Athletic Average

Gold Band at Gingival : Hair Line 1 mm 2mm

| SHADE | MOLD | <input type="checkbox"/> Zirconium | <input type="checkbox"/> Lava | <input type="checkbox"/> S.P. |
|-------|------|------------------------------------|----------------------------------|------------------------------------|
| | | <input type="checkbox"/> Precious | <input type="checkbox"/> Veneers | <input type="checkbox"/> IPS-E.MAX |
| | | <input type="checkbox"/> Implant | <input type="checkbox"/> Captek | <input type="checkbox"/> IPS POM |
| | | <input type="checkbox"/> Encode | <input type="checkbox"/> BruxZir | |

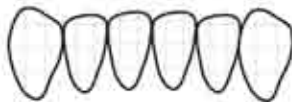
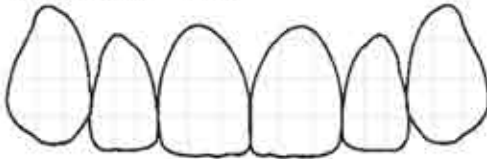
- Metal Try In
 Bisque Bake Try In Finish

Pontic Design

Metal Design :

A Type B Type C Type D Type E Type

Rx SPECIFIC INSTRUCTION



DOCTOR'S SIGNATURE _____

LICENSE NUMBER _____

USE BACK SIDE FOR FURTHER INSTRUCTIONS: Send Work Order Shipping Labels Boxes

WORK AUTHORIZATION

FOR LAB USE ONLY



Dentures Upper Lower

- Custom Tray
 Record Bases
 Try-in
 Finish

DENTURE / PARTIAL CRITERIA :

Brand Type

- Phonares
 Blueline
 Classic

Partials Upper Lower

- Design
 Frame
 with Record Bases
 with Set-Up
 Processed

Occlusion

- Full Balance Lingualized Flat Plane

Gum Shade

- Light Pink Original
 Red Pink Dark Pink

Gingival Tone : Liflike Standard

Other Removables Options Upper Lower

- Night Guards Acrylic Hard Hard & Soft
 Acrylic Fipper (stayplate) Wire Non-Wire
 Reline Hard Soft
 Repair

