

540 Progress Road • Waite Park, MN 56387 • 320-252-2070

FROM

PLEASE SEND

BOXES
 4 3/4 x 7 1/4 x 4 LARGE
 4 x 6 x 4 MEDIUM

R_x FORMS
 OTHER (List) _____

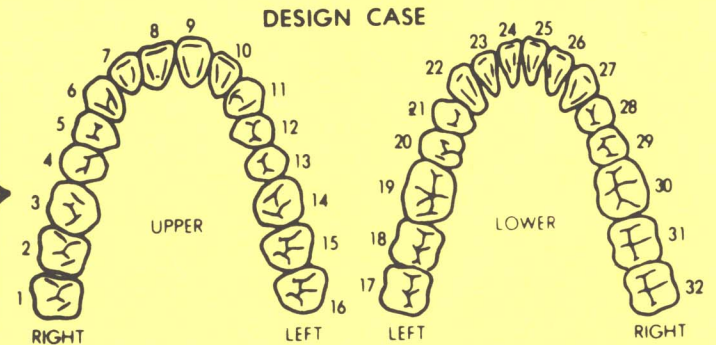
DATE CASE SENT _____

FULL & PARTIAL DENTURE

ADDITIONAL INSTRUCTIONS:

NEXT APPOINTMENT: DATE _____ DAY _____ TIME _____ AM _____
 PM _____ TRIAL _____
 FINISH _____

FULL UPPER	PATIENT INFORMATION		
FULL LOWER	NAME _____		
PARTIAL UPPER	SHADE _____	MOLD _____	
PARTIAL LOWER	BASIC FACE FORM: <input type="checkbox"/> SQUARE <input type="checkbox"/> SQUARE TAPERING <input type="checkbox"/> TAPERING <input type="checkbox"/> OVOID	AGE _____	
SPARE DENTURE		MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>
JUMP	FACIAL ASYMMETRY <input type="checkbox"/> DOMINANT RIGHT SIDE <input type="checkbox"/> DOMINANT LEFT SIDE	VIGOROUS <input type="checkbox"/>	
RELINE (FLASKED)		MEDIUM <input type="checkbox"/>	
REPAIR	PLASTIC BASES		PARTIAL DESIGN
CUSTOM TRAY	ECONOMY ACRYLIC <input type="checkbox"/>		PLEASE DESIGN PARTIAL IN AREA TO RIGHT LIST CLASPS, (EQUI- POISE, I BAR, ACKERS PGP, ETC.), REST AREAS PALATAL & LINGUAL CONNECTORS, ATTACH- MENTS, ETC. — OR INDICATE LAB TO DESIGN.
SURGICAL GUIDE	HI IMPACT LUCITONE <input type="checkbox"/>		
BITE BLOCKS	GUARANTEED INJECTION <input type="checkbox"/>		
TRACERS	TEETH		
PROFORM NITEGUARD	PORCELAIN	PLASTIC	
PROFORM MOUTHGUARD	ANT <input type="checkbox"/>	ANT <input type="checkbox"/>	ANT <input type="checkbox"/>
SOFT LINER	POST <input type="checkbox"/>	POST <input type="checkbox"/>	POST <input type="checkbox"/>
ALTERED CAST	LIST BRAND OF TEETH _____		
POST DAM	ANTERIOR		
RELIEF	POSTERIOR		
IMMEDIATE	POSTERIOR		
OVERDENTURE			
BLEACHING TRAYS			
HARD ACRYLIC SPLINT			
			FLEXITE <input type="checkbox"/>
			All Cast Metal <input type="checkbox"/>
			Cast Metal & Plastic <input type="checkbox"/>
			No Clasps <input type="checkbox"/>
			Wire Clasps <input type="checkbox"/>
			Temporary <input type="checkbox"/>
			Economy <input type="checkbox"/>
			Attachments <input type="checkbox"/>
			List Type _____



Signature _____ D.D.S.

License No. _____