

**DR NAME** \_\_\_\_\_ **PT NAME** FIRST \_\_\_\_\_ AGE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ LAST \_\_\_\_\_ FEMALE  MALE   
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_ **DUE DATE** FINISH \_\_\_\_\_ TRY IN \_\_\_\_\_ **CALL ME**   
**ENCLOSED WITH CASE:**  Model  Metal Trays  Teeth  Shade Tab  Articulator  Bite  Impressions  Photo (Preferred)  Other \_\_\_\_\_

**DENTURE**

- U L  
 Occlusion Rim  
 Custom Tray  
 Other

**TEETH**

- U L  
 Economy  
 Standard  
 Premium

**PARTIAL**

- U L  
 Standard CRCO  
 Premium CRCO  
 with Occlusion Rim  
 Acrylic Partial  
 Flipper  
 Semi Precision  
 New Partial to fit Crown or Bridge
- U L  
 Gold  
 VisiClear™  
 Valplast®  
 Flexible

**ANTERIOR SET-UP**

- Ideal  Characterized  Study Model

**CHECKLIST**

- Midline Marked  High Lip Line  
 Proper Lip Support  Emergency (Spare Denture)  
 **Name/Identifier in Appliance**

**SPLINT**

- U L  
 Hard Splint  
 Brux-eze™ Splint  
 Rem-e-deze™ Splint  
 Gelb Splint  
 Comfort H/S™ Splint  
 Sports Guard  STRAP  NO STRAP  
 Bleaching Tray  
 Other \_\_\_\_\_

**PARTIAL DESIGN**  Lab Design Complete

**MAJOR CONNECTORS**

- U L  
 Lab Select \_\_\_\_\_  
 Palatal Strap \_\_\_\_\_  
 Horseshoe \_\_\_\_\_  
 Double Palatal Bar \_\_\_\_\_  
 Lingual Bar \_\_\_\_\_  
 Lingual Apron \_\_\_\_\_  
 Double Bar \_\_\_\_\_

**SADDLE AREAS**

- U L  
 Lab Select \_\_\_\_\_  
 Mesh \_\_\_\_\_  
 Mesh with Posts \_\_\_\_\_  
 Metal Pads With Posts \_\_\_\_\_  
 Open Face Dummy \_\_\_\_\_  
 Metal Dummy \_\_\_\_\_  
 Thermo Flex Dummy \_\_\_\_\_

**REST AREAS**

- U L  
 Lab Select \_\_\_\_\_  
 Mesial Rest \_\_\_\_\_  
 Distal Rest \_\_\_\_\_  
 Cingulum Rest \_\_\_\_\_  
 Inverted V Rest \_\_\_\_\_  
 Channel Rest \_\_\_\_\_

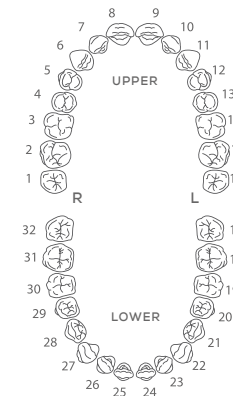
**TOOTH #**

**CLASP OPTIONS**

- U L  
 Lab Select \_\_\_\_\_  
 Suprabulge \_\_\_\_\_  
 Infrabulge (I-Bar) \_\_\_\_\_  
 Flexible Tooth Shade \_\_\_\_\_  
 Clear Cosmetic Clasp \_\_\_\_\_

**TOOTH #**

**INSTRUCTIONS**



**ACRYLIC SHADE**

- Standard  Ethnic  
 Other  MILD  
 MODERATE  
 HEAVY

**DENTURE & TEETH**

**Shade** \_\_\_\_\_  
**Brand** \_\_\_\_\_  
**Mould** \_\_\_\_\_

**DR SIGNATURE** \_\_\_\_\_

DR LICENSE # \_\_\_\_\_

**For Warranty Information:** Please review the DSG Warranty Policy at [www.dentalservices.net/dsg-warranty](http://www.dentalservices.net/dsg-warranty)

**DO YOU NEED?**  Shipping Boxes  Shipping Labels **RXS:**  Standard  Fixed  Removable  Local (WHERE AVAILABLE)  
 Implant  Cosmetic  Ortho/Sleep  Value

**TERMS:** Net 15th of month. A finance charge of 1½% per month (18% annual) will be added to past due invoices F RR1 01