

Laboratory Procedure Authorization / **DR SIGNATURE REQUIRED**

DR NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____

PT NAME FIRST _____ LAST _____

AGE _____ FEMALE MALE

DUE DATE FINISH _____ TRY IN _____

CALL ME

ORDER

- 3D BITE PLATE (FUNCTIONAL IMPRESSION TRAYS WITH BITE RIMS)
 GNATHOMETER (GOTHIC TRACER)
 TRY-IN DENTURE FINAL DENTURE

DENTURE TOOTH SELECTION

SELECT BRAND

- PHONARES® II
 BLUELINE®
 VIVODENT® S DCL

SELECT OCCLUSION

- LINGUALIZED
 SEMI ANATOMIC

MILLED DENTURE TEETH

MOULD SELECTION*
 ANTERIOR UPPER

SHADE SELECTION

VIVODENT® CAD (CIRCLE ONE)
 BL3 A1 A2 A3 A3.5
 B1 B3 C2 D2

CARDED DENTURE TEETH

MOULD SELECTION*
 ANTERIOR UPPER ANTERIOR LOWER

 POSTERIOR UPPER POSTERIOR LOWER

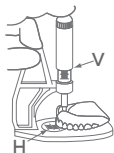
SHADE SELECTION

VIVODENT® CAD (CIRCLE ONE)
 BL3 A1 A2 A3 A3.5
 B1 B3 C2 D2

DENTURE BASE

IVOBASE® CAD SHADE (CIRCLE ONE)
 PINK PINK-V PREF. 34-V

DENTURE GAUGE



VERTICAL (V) = _____ MM
 HORIZONTAL (H) = _____ MM

PAPILLAMETER



LOW LIP LINE _____ MM
 HIGH LIP LINE _____ MM

UTS CAD

(BP) BIPUPILLARY LINE

_____ + OR -

(CE) CAMPER'S PLANE

_____ +OR -





DR SIGNATURE _____

DR LICENSE # _____