

DR NAME _____ **TODAY'S DATE** _____ **CALL ME**

ADDRESS _____ **PT NAME** FIRST _____ AGE _____

CITY _____ STATE _____ ZIP _____ PHONE _____ LAST _____ FEMALE MALE

DSO PRACTICE NAME _____ **DUE DATE** FINISH _____ TRY IN _____
(IF APPLICABLE)

ENCLOSED WITH CASE: Model Shade Tab Bite Impressions Photo (Preferred) Articulator Metal Trays Teeth Other _____

DENTURE

U L
 Occlusion Rim
 Custom Tray
 Other

TEETH

U L
 Economy
 Standard
 Premium

DIGITAL DENTURE

ProFX® Premium ProFX® Standard

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 _____

REST AREAS

U L
 Lab Select _____
 Mesial Rest _____
 Distal Rest _____
 Cingulum Rest _____
 Inverted V Rest _____
 Channel Rest _____

TOOTH #

SADDLE AREAS

U L
 Lab Select _____
 Mesh _____
 Mesh with Posts _____
 Metal Pads With Posts _____
 Open Face Dummy _____
 Metal Dummy _____
 Thermo Flex Dummy _____

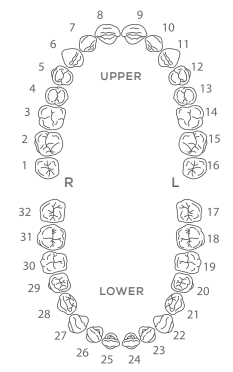
TOOTH #

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

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 05