

PATIENT _____

AGE _____ MALE FEMALE

RETURN DATE _____ TIME _____

PATIENT'S DOB _____

ENCLOSURES

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> STUDY MODEL | <input type="checkbox"/> ARTICULATOR |
| <input type="checkbox"/> BITE | <input type="checkbox"/> PHOTO |
| <input type="checkbox"/> STICK BITE | <input type="checkbox"/> IMPRESSION |
| <input type="checkbox"/> OPPOSING MODEL | <input type="checkbox"/> PRELIMINARY |
| <input type="checkbox"/> MASTER MODEL | <input type="checkbox"/> FINAL |
| | <input type="checkbox"/> SHADE TAB |

FULL DENTURE

- | | | | |
|----------------|--|--------------------------------------|--------------------------------------|
| ANTERIORS: | <input type="checkbox"/> HARD RESIN | <input type="checkbox"/> ECONOMY | <input type="checkbox"/> PHONARES II |
| POSTERIORS: | <input type="checkbox"/> HARD RESIN | <input type="checkbox"/> ECONOMY | <input type="checkbox"/> PHONARES II |
| SET-UP: | <input type="checkbox"/> CHARACTERIZED | <input type="checkbox"/> LINGUALIZED | <input type="checkbox"/> IDEAL |
| PROCESS: | <input type="checkbox"/> INJECTION | <input type="checkbox"/> PRESS PACK | |
| RELINE/REBASE: | <input type="checkbox"/> HARD | <input type="checkbox"/> NOVUS | <input type="checkbox"/> PERMASOFT |

PARTIAL DENTURE

- VITALIUM 2000 VITALIUM PLUS WIRONIUM FLEXIBLE RPD

- | | | |
|--|---|---|
| <input type="checkbox"/> FRAME ONLY | <input type="checkbox"/> HORSESHOE | <input type="checkbox"/> LINGUAL BAR |
| <input type="checkbox"/> FRAME W/WAX RIM | <input type="checkbox"/> PALATAL BAR | <input type="checkbox"/> LINGUAL PLATE |
| <input type="checkbox"/> FRAME W/SET-UP FOR WAX TRY-IN | <input type="checkbox"/> CIRCULAR BAR | <input type="checkbox"/> KENNEDY BAR |
| <input type="checkbox"/> FRAME COMPLETE | <input type="checkbox"/> STRENGTHENER | <input type="checkbox"/> STRENGTHENER BAR |
| | <input type="checkbox"/> W.W. CLASP | <input type="checkbox"/> BALL CLASP |
| | <input type="checkbox"/> FLEXIBLE CLASP | <input type="checkbox"/> GASKET |

SPLINTS

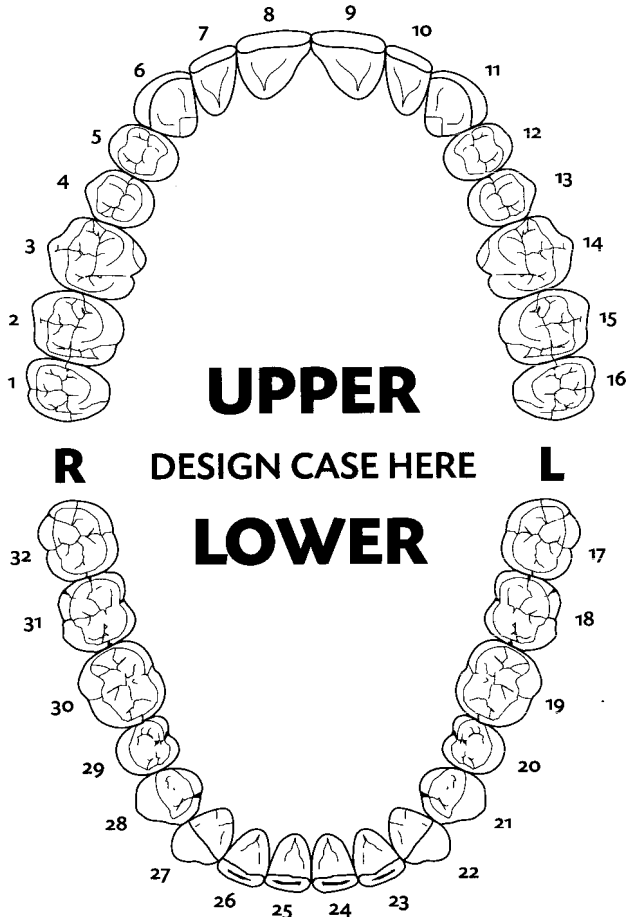
- | | |
|--|-------------------------------------|
| <input type="checkbox"/> HARD SPLINT | <u>ARCH</u> |
| <input type="checkbox"/> BRUX-EZE® | <input type="checkbox"/> MAXILLARY |
| <input type="checkbox"/> ECLIPSE HEAT AND SEAT | <input type="checkbox"/> MANDIBULAR |
| <input type="checkbox"/> SOFT MOUTH GUARD | <input type="checkbox"/> LAB CHOICE |
| <input type="checkbox"/> MAGO | |
| <input type="checkbox"/> RELEASE | |

DR. _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____



SPECIAL INSTRUCTIONS

ACRYLIC SHADE _____

PLEASE SEND ME: BOXES RX SHIPPING LABELS
 PLEASE CALL ATTENTION _____
 LICENSE # _____

DR.'S SIGNATURE _____
 (1ST SHEET LAB COPY) (2ND SHEET DOCTOR'S COPY)

CASE CHECKLIST

The case checklist is designed to assist you in completing your cases to help ensure the best results possible.

Helpful Reminders

- Make sure all models are properly packaged to prevent breakage
- Label all slides, photos and discs with doctor and patient name
- Review prescription to ensure it is complete

Denture

- Detailed Lab Slip, Include
 - Shade & Mold
 - Sex & Age of Patient
- Bite Registration
- High Lip Line
- Low Lip Line
- Midline
- Model of Old Denture
 - When selecting similar size teeth

Splints

- Polyvinyl Impression or Master Model
- Open Bite Registration