

WHERE TECHNOLOGY MEETS ART

RX Date:	Due Date:		
Doctor:	Ph	one:	
Address:			
Patient:	A <sub>1</sub>	ge:	Sex:

□ Impressions □ Bite □ Opposing □ Shade □ Pre-op study model

Have you included the following?

We Accept Dig	ital Scans!		☐ Mailing labels		
S	hade:				
COMPLETE DEN  Custom Tray Bite Block Set-up for Try in Process & Finis Economy Teeth Premium Teeth	n h	☐ Ac (2 ☐ Fli <sub> </sub> (1-	rylic PARTIALS  rylic Partial clasps included) pper 2 teeth no clasps) exible Partial		
Check List:					
CAST PARTIAL UPPER  Palatal Strap A-P Palatal Strap Horse Shoe Plate Full Metal Palate Lab Select	CAST PARTIA  Lingual P  Lingual B  Kennedy  Lab Select	late ar Bar	Custom Tray Frame Try In Wax Rim Try In Teeth Try In		
DESIGN CASE HERE  UPPER LOWER  RIGHT LEFT RIGHT					

NIGHT GUARDS & SPLINTS	ADDITIONAL SERVICES
☐ Hard☐ Hard-Soft☐ Thermoplastic☐	☐ Repair ☐ Reline ☐ Soft Reline ☐ Surgical Guide
<b>RX</b> INSTRUCTIONS	□ Call Doctor
Doctor's Signature	PROUDLY MADE IN CANADA