

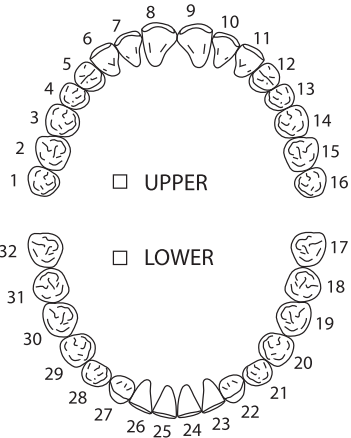


800-440-0314

2284 N. Glassell St., Suite# C  
Orange, CA 92865

Rx

Full  Partial  Unilateral

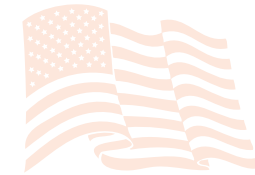


Dr. Name \_\_\_\_\_ Account# \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone# \_\_\_\_\_ Fax # \_\_\_\_\_  
E-mail \_\_\_\_\_ Today's Date \_\_\_\_\_

Patients Information

Name \_\_\_\_\_  
Age \_\_\_\_\_ Sex  M  F

Made in the  
U.S.A.



Shade: \_\_\_\_\_ Due Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Finish  Teeth Tryin  Reset Teeth  Frame Tryin  Bite Blocks  Frame Tryin w/ Bite Blocks **Dr. Signature:** \_\_\_\_\_ **License #** \_\_\_\_\_

<b>Dentures</b> <input type="checkbox"/> Premium <input type="checkbox"/> Ivobase <input type="checkbox"/> Totally Natural <input type="checkbox"/> Suction-Cup <input type="checkbox"/> Thermodent	<b>Implant Overdentures</b> <input type="checkbox"/> Hader Bar (Casted) <input type="checkbox"/> Hader Bar (Milled) <input type="checkbox"/> Locator <input type="checkbox"/> Other _____	<b>Implant Screw Retained Dentures</b> <input type="checkbox"/> Hybrid with Titanium Bar <input type="checkbox"/> Bruxzir Hybrid Bridge <input type="checkbox"/> Other _____	<b>Non-Metal Partial</b> <input type="checkbox"/> TCS Flexible <input type="checkbox"/> Totally Natural <input type="checkbox"/> Elasti-Grip <input type="checkbox"/> Perflex <input type="checkbox"/> Duracetal	<b>Combo Partial</b> <input type="checkbox"/> TCS Combo with Metal Frame <input type="checkbox"/> Totally Natural with Metal Frame <input type="checkbox"/> Perflex with Metal Frame <input type="checkbox"/> TCS with Metal Rest Seats (only) <input type="checkbox"/> Other _____	<b>Cast Partial</b> <input type="checkbox"/> Vitallium 2000* <input type="checkbox"/> Vitallium 2000 Plus* <input type="checkbox"/> AdvantaLock <input type="checkbox"/> European Stress Breaker	<b>Acrylic Partial</b> <input type="checkbox"/> 1 to 3 Teeth # _____ <input type="checkbox"/> 4 to 6 Teeth # _____ <input type="checkbox"/> 7 to 14 Teeth # _____
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**Premium Teeth** (Extra Charge Applies)  
 Vitapan  
 Ivoclar Blue Line  
 Portrait IPN  
 Porcelain  
 House Premium  
 Other \_\_\_\_\_

**Tooth Shade**  
 Kenson Shade  
 55 61 62 65 66 67 69 77 81 87  
 shade \_\_\_\_\_ mould \_\_\_\_\_  
 Vita Shade  
 A1 A2 A3 A3.5 A4  
 B1 B2 B3 B4  
 C1 C2 C3 C4  
 D2 D3 D4  
 shade \_\_\_\_\_ mould \_\_\_\_\_  
 Other Shade Guide Name \_\_\_\_\_  
 shade # \_\_\_\_\_

**Immediates**  
 Extracting all teeth  
 Extract # \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Relines & Repairs**  
 Reline  
 Reline (Soft)  
 Reline (Suction-Cup)  
 TCS Reline  
 Acrylic Repair  
 Metal Repair  
 TCS Repair

**Nightguards/Sleep**  
 Hard Nightguard  
 Hard-Soft Nightguard  
 Talon Nightguard  
 Flexite TMJ Splint  
 Soft Nightguard  
 EMA Snoring Device  
 TAP3 Snoring Device

**Sportsguards**  
 Pro-Form (Single Layer & Single Color)  
 All-Pro (2 Layer & Single Color)  
 All-Pro (3 Layer & Single Color)  
 All-Pro Custom (2 Layer, Multi-color, Graphics)  
 Other \_\_\_\_\_  
 Colors \_\_\_\_\_

**Cosmetic Temps**  
 Shade  
 Abutment tooth #s \_\_\_\_\_  
 Pontic tooth #s \_\_\_\_\_  
 Splinted  
 Single Units

**Tissue Shade**  
 Light Pink  
 Pink  
 Ethnic  
 Clear  
 Other \_\_\_\_\_

**Denture Accessories**  
 Custom Tray  
 Bite Block  
 Name in Denture  
 Mesh Reinforcement  
 Metal Cast Palate

**Orthodontic**  
 Hawley Retainer  
 Essix Clear Retainer  
 Bleaching Trays  
 Space Maintainer  
 Bilateral Space Maintainer  
 Other \_\_\_\_\_