### Lab Name:

<table>
<thead>
<tr>
<th>Your Reference #</th>
<th>______________________</th>
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<tbody>
<tr>
<td>Doctor</td>
<td>______________________</td>
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<tr>
<td>Patient Name</td>
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<tr>
<td>Date Sent</td>
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<tr>
<td>Due Date</td>
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### Partial Dentures

**Partials with Frames**
- CoCr
- Vitallium
- Frame Only
- Frame Bite Block/Rim
- Frame/Set Up
- Reset Teeth Only
- Processing

**Type of Acrylic**
- Conventional
- Lucitone 199
- Valplast

**Partial All Acrylic**
- Teeth Set Up Finish All Acrylic
- Wax Try-In All Acrylic
- Processing All Acrylic
- Add Tooth All Acrylic
- Reset Teeth All Acrylic

**Other**
- Add Tooth (2916) #
- Add Wire Clasp #
- Add Cast Clasp #
- Valplast Clasp #
- Clear Clasp #

### Full Dentures

**Full Dentures**
- Set Teeth Tryin (2012)
- Processing (2013)
- Set Teeth & Process (2011)
- Set Teeth & Process (2014) W/Lucitone 199
- Process W/Lucitone (2015) W/Lucitone 199
- TCS Suction Cup

**Other**
- Occlusal Splint (2918)
- Surgical Stent (2919)
- Bleaching Tray (2923)
- Custom Impression Tray (2924)
- Duplicate Model (2935)
- Reset Teeth

### Immediate Dentures

**Extract All Teeth**
- Immediate Teeth Set Up Finish (2151)
- Immediate Wax Try-In (2152)

**Type of Acrylic**
- Conventional
- Lucitone 199

### Remake Information

(Please complete this section if returning this case for a remake)

**Customer Original Pan #**

**PLS Original RX #**

**Reason for Remake**

**Items being Returned**
- Original Prosthesis (Partial, Bite, Etc.)
- Original Model
- Original Die
- Original PLS RX
- Old Impression
- New Impression
- Study Model

*(Failure to provide original RX, reason, or items may result in a delay in processing this case and a charge for this remake)*