



1805 LOUCKS RD SUITE 300 YORK, PA 17408
 Phone: 888-776-5229 Fax: 717-356-2525

Your Reference # _____

Doctor _____

Patient Name _____

Date Sent _____ Due Date _____

Promo Code: FREEFRAME
 First CoCr Frame Free

PARTIAL DENTURES

PARTIALS WITH FRAMES

- CoCr Vitallium
- FRAME ONLY
- FRAME BITE BLOCK/RIM
- FRAME W/TEETH SET UP
- FRAME/SETUP/FINISH
- RESET TEETH ONLY
- PROCESSING

TYPE OF ACRYLIC

- CONVENTIONAL
- LUCITONE 199
- VALPLAST

PARTIALS ALL ACRYLIC

- TEETH SET UP FINISH ALL ACRYLIC
- WAX TRY-IN ALL ACRYLIC
- PROCESSING ALL ACRYLIC
- ADD TOOTH ALL ACRYLIC
- RESET TEETH ALL ACRYLIC

TYPE OF ACRYLIC (FLEXIBLE)

- CONVENTIONAL
- LUCITONE 199
- VALPLAST
- TCS
- DURAFLEX

OTHER

- ADD TOOTH(2916)

- ADD WIRE CLASP

- ADD CAST CLASP

- VALPLAST CLASP

- CLEAR CLASP

Items Sent: (Circle all that apply)

- | | | |
|--------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Single Tray | <input type="checkbox"/> Triple Tray | <input type="checkbox"/> Study Model |
| <input type="checkbox"/> Upper Model | <input type="checkbox"/> Lower Model | <input type="checkbox"/> Bite Block |
| <input type="checkbox"/> Bite | <input type="checkbox"/> Wax with Teeth | <input type="checkbox"/> Articulator |
| <input type="checkbox"/> Frame | | |

Other _____

FRAMEWORK DESIGN

- LAB TO DESIGN
- SEE DRAWING ON RX
- SEE DRAWING ON CAST

TOOTH SHADE

ACRYLIC SHADE

- MESIAL REST(S) ON _____
- DISTAL REST(S) ON _____
- CINGULUM REST(S) ON _____

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

IMMEDIATE DENTURES
(Extract All Teeth)

- IMMEDIATE TEETH SET UP FINISH (2151)
- IMMEDIATE WAX TRY-IN (2152)

TYPE OF ACRYLIC

- CONVENTIONAL LUCITONE 199

OTHER

- OCCLUSAL SPLINT(2918)
- SURGICAL STENT(2919)
- BLEACHING TRAY(2923)
- CUSTOM IMPRESSION TRAY(2924)
- DUPLICATE MODEL(2935)
- RESET TEETH
- NESBIT DIRECT FINISH(2131)
- ACRYLIC FLIPPER(2171)
- SPACE MAINTAINER(2909)
- BASE PLATE/BITE RIM(2911)
- NIGHT GUARD SOFT(2921)
- NIGHT GUARD HARD(2922)

REMAKE INFORMATION

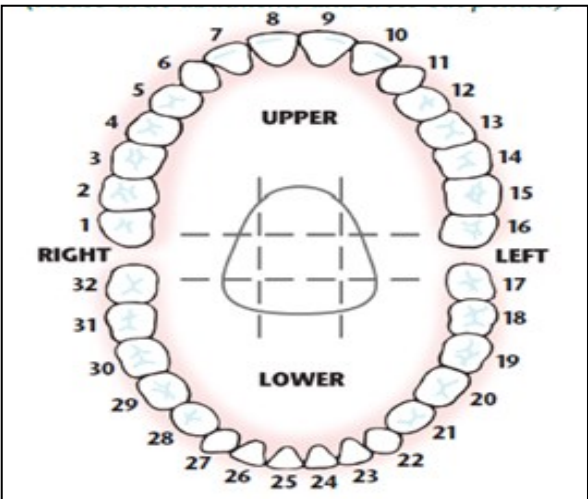
(Please complete this section if returning this case for a remake)

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)*



SELECT WORK TO BE MADE

UPPER LOWER

OTHER SPECIAL INSTRUCTIONS



Customer Information Sheet

Comment/Special instructions

Customer Information

Full Name of Lab:

Email:

Address:

Street Address

Unit #

City

State

ZIP Code

Business Phone: _____

Cell Phone

Website: _____

Bill to address:

[if different from above]:

Shipping Address

[if different from above]:

Address:

Street Address

Unit #

City

State

ZIP Code

Business Phone: _____

Key Contact

Technical Contact

Title

Phone

Email

Accounting Contact

Title

Phone

Email

Alternate Contact

Title

Phone

Email

General Information [please answer all questions]

Briefly describe company/agency's primary endeavors: _____

How did you first hear about us? _____

