

18056 Waco Drive NW, P.O. Box 973, Anoka, MN 55303  
763-753-7441 or 888-687-4600

Doctor:

M  F

Patient's First Name:

Last Name:

Case needed by (mark date and time in box):

Age: \_\_\_\_\_

MON.	TUES.	WED.	THURS.	FRI.

Please Send: \_\_\_ Bags \_\_\_ Rx \_\_\_ Labels \_\_\_ Boxes

## DENTURES

- Full Upper
- Full Lower
- Immediate Upper
- Immediate Lower
- Post Dam
- Palatal Relief
- Soft Liner: \_\_\_\_\_
- Partial Upper
- Partial Lower
- Reline (rebase)
- Complete Rebase  
(all new acrylic)
- Repair
- Bite Blocks
- Spare Full Denture
- Full Borders

TRIAL  FINISH

Shade: \_\_\_\_\_

Teeth Manufacturer: \_\_\_\_\_

Anterior Mould: \_\_\_\_\_

Posterior Mould: \_\_\_\_\_

Basic face shape: \_\_\_\_\_

Personality: vigorous, delicate, soft

## MATERIALS

- High Impact
- Lucitone 199 (circle one) LT, LRP, ORIG., DARK
- Coe-Lor Acrylic: Lt, Md, Dk
- Other \_\_\_\_\_

TMJ SPLINT  Upper  Lower

- Bruxism Splint (Thermal Acrylic)
- Dura Bruxism Splint  
(Thermal Acrylic/Hard Acrylic Occlusion)
- Acrylic Splint

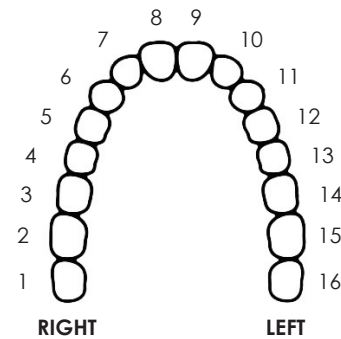
## PARTIALS & FRAMES

- Upper
- Lower
- Temporary
- Cast Frame
- Wrought Wire
- Cu-Sil

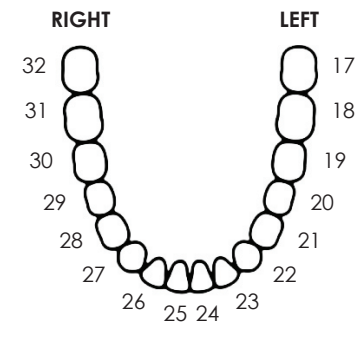
## MATERIALS

- Nitanium Expander
- Bleaching trays: plastic, foam-lined, rubber, trim gingivally
- Proform Mouthguard: Color
- Study Models
- Carve Off Brackets
- Appliance Protection Plan
- Anti-Snoring Appliance: acrylic, thermoflex
- Gelb Spring
- Hawley Retainer: upper, lower (please design)
- Color/Design \_\_\_\_\_
- Truax Retainer
- Sagittal: upper, lower
- Schwarz (no posterior coverage)
- Active Plate: 1 2 (circle number of screws needed)
- Fixed Appliance
- Spring Retainer
- Reset: Upper R 3 2 1 \* 1 2 3 L  
Lower R 3 2 1 \* 1 2 3 L

Additional Instructions



UPPER



LOWER

Signature \_\_\_\_\_ Date \_\_\_\_\_ License \_\_\_\_\_