

Doctor's Name: _____ Today's Date: _____

Patient's Name: _____ Due Date: _____

REMOVABLE RESTORATIONS

Please circle desired restoration and options:

PARTIALS

Acrylic
Flexible

DENTURE

Traditional
Precision Fit

FRAMES

Vitallium

TEETH

Premium
Stock

PROCEDURE

Frame Try-In Only

Frame with Teeth Try-In

Teeth in Wax Try-In

Straight to Finish

TISSUE SHADE

Light Pink

Standard (Pink)

Meharry (Dark Pink)

TOOTH SHADE

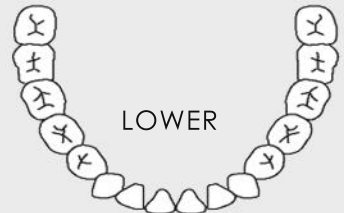
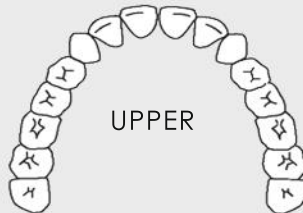
CLASPS

Wrought-wire

Flexible - Tissue Shade

Flexible - Clear

INSTRUCTIONS:



DOCTOR'S SIGNATURE: _____

LICENSE #: _____