

Order#:



Rx Date:

Patient Initials#:

Delivery Date:

Patient's initials - M OR F - Age
Ex: ... JD-F-35
JD = Jane Doe - F = Female - Age is 35

Call me

Practice Name: _____

DR. First & Last Name _____

Phone#: _____

License#: _____

DR. Signature#: _____

Instructions:

Please CIRCLE single units & BRACKET splinted units

01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

Return for:

Try-in Die Trim Bisque
 Evaluation Finish Wax-up

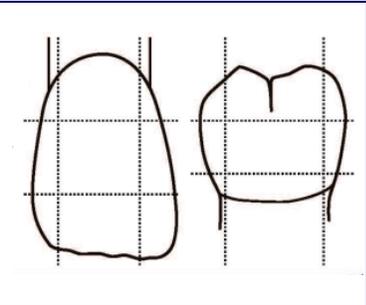
Shade Characterization

Shade _____

Stump Shade _____

Occlusal Stain
 None Light Medium Dark

Incisal Translucency
 0.5 mm 1.0 mm 1.5 mm Other _____ mm



Frame Design (Please CIRCLE)

Pontic Design (Please CIRCLE)

Sanitary Full Ridge Modified Ounite Bullet _____ mm

Ridge Relief Yes No _____ mm

BASE COLOR(REQUIRED)

Light Pink
 Original
 Pink
 Light Meharry
 Dark Pink(Meharry)

ACRYLIC DENTURES

Upper Lower Both

Wax Try-in w/Teeth Wire Reinforcement Premium Teeth (IPN)
 Process & Finish Cast Metal Mesh _____
 Immediate/Surgical Denture

NIGHT GUARDS

Upper Lower

Hard Acrylic
 Thermo/Soft Acrylic
 Hard/Soft Acrylic
 Sports Guard
 TMJ Splint

PARTIALS [RPDs]

Upper Lower Both Wax Try-in w/Teeth Process & Finish

Base Material

Acrylic Partial
 Flexible Partial
 Cast Metal Partial
 Metal Framework Try-in
 Immediate/Surgical Partial

Design

Horseshoe palate (upper) Ball Clasps
 Full palatal metal coverage (upper) Wrought Wire Clasps
 Unilateral (nesbit) Cosmetic clasps
 Lingual bar (lower)
 Lingual apron (lower) _____

Other

Upper Lower

Wax Bite Rim Rebase
 Custom Tray Repair
 Essix Retainer Reline
 Bleaching Tray

Locations:

Michigan
37632 Baylor Dr. Sterling Heights, MI 48310
Phone: +1 (586)-328-7199

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3909 Clarksville Pike Nashville, TN 37218
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