



ORDER FORM - REMOVABLE PROSTHODONTICS

INSTRUCTIONS

Account Number

Dentist

Invoice Name

Date

Address

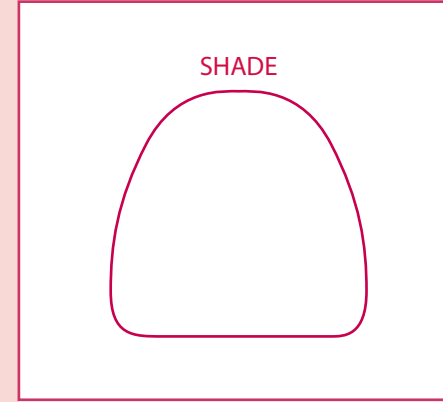
Phone

Email

Patient Name

Call Dr. upon receipt to discuss case.

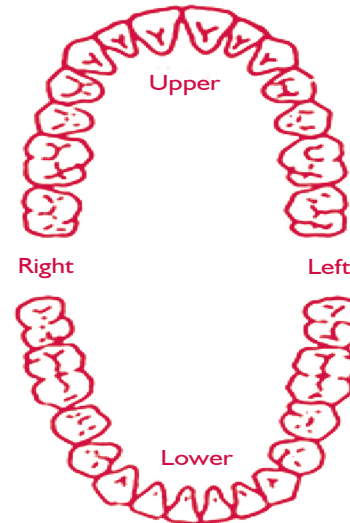
Due Date By 5pm



SELECT ONE Standard Products Premium Products

- P/- Framework only
- /P Framework only
- P/- Framework and wax try in with teeth
- /P Framework and wax try in with teeth
- P/- Framework process to finish
- /P Framework process to finish
- Process to finish
- Nobillium alloy
- Vitallium alloy
- Wax Rim
- Custom Tray
- Bleaching Tray

- P/- ACRYLIC (try in only)
- /P ACRYLIC (try in only)
- P/- ACRYLIC (straight to finish)
- /P ACRYLIC (straight to finish)
- F/- try in with teeth
- /F try in with teeth
- F/- process to finish
- /F process to finish
- Surgical guide
- Repair
- Reline, jig
- Reline, heat cured
- Soft reline, molloplast



- Duraflex P/ /P
- Ultraflex P/ /P
- Lucitone FRS P/ /P
- Premium Teeth - specify type.....
- Immediate Full Denture F/ /F
- Immediate Partial P/ /P
- list teeth numbers.....
- Tooth color, pink or clear clasps
- list teeth numbers & shade.....
- Orthodontic Appliance - specify type.....
- Mouth Guard

OFFICE USE ONLY:

PLEASE EMAIL DIGITAL IMAGES TO usa@scdlab.com

Signature..... License No.....