



2284 N. Glassell St., Suite# A
Orange, CA 92865

Rx

- Full
- Partial
- Unilateral

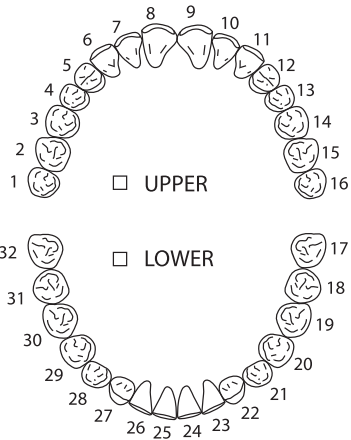
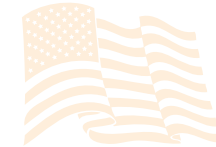
Dr. Name _____ Account# _____
 Address _____
 City _____ State _____ Zip _____
 Phone# _____ Fax # _____
 E-mail _____ Today's Date _____

Patients Information

Name _____
 Age _____ Sex M F

Dr. Signature: _____ License # _____

Made in the
U.S.A.



- Finish
- Teeth Tryin
- Reset Teeth
- Frame Tryin
- Bite Blocks
- Frame Tryin w/ Bite Blocks

Shade: _____ Due Date: _____ / _____ / _____

Dentures <input type="checkbox"/> Premium <input type="checkbox"/> Ivobase <input type="checkbox"/> Totally Natural <input type="checkbox"/> Suction-Cup <input type="checkbox"/> Thermodent	Implant Overdentures <input type="checkbox"/> Hader Bar (Casted) <input type="checkbox"/> Hader Bar (Milled) <input type="checkbox"/> Locator <input type="checkbox"/> Other _____	Implant Screw Retained Dentures <input type="checkbox"/> Hybrid with Titanium Bar <input type="checkbox"/> Bruxzir Hybrid Bridge <input type="checkbox"/> Other _____	Non-Metal Partial <input type="checkbox"/> TCS Flexible <input type="checkbox"/> Totally Natural <input type="checkbox"/> Elasti-Grip <input type="checkbox"/> Perflex <input type="checkbox"/> Duracetal	Combo Partial <input type="checkbox"/> TCS Combo with Metal Frame <input type="checkbox"/> Totally Natural with Metal Frame <input type="checkbox"/> Perflex with Metal Frame <input type="checkbox"/> TCS with Metal Rest Seats (only) <input type="checkbox"/> Other _____	Cast Partial <input type="checkbox"/> Vitallium 2000* <input type="checkbox"/> Vitallium 2000 Plus* <input type="checkbox"/> AdvantaLock <input type="checkbox"/> European Stress Breaker	Acrylic Partial <input type="checkbox"/> 1 to 3 Teeth # _____ <input type="checkbox"/> 4 to 6 Teeth # _____ <input type="checkbox"/> 7 to 14 Teeth # _____	
Premium Teeth (Extra Charge Applies) <input type="checkbox"/> Vitapan <input type="checkbox"/> Ivoclar Blue Line <input type="checkbox"/> Portrait IPN <input type="checkbox"/> Porcelain <input type="checkbox"/> House Premium <input type="checkbox"/> Other _____	Tooth Shade <input type="checkbox"/> Kenson Shade 55 61 62 65 66 67 69 77 81 87 shade _____ mould _____ <input type="checkbox"/> Vita Shade A1 A2 A3 A3.5 A4 B1 B2 B3 B4 C1 C2 C3 C4 D2 D3 D4 shade _____ mould _____ <input type="checkbox"/> Other Shade Guide Name _____ shade # _____	Immediates <input type="checkbox"/> Extracting all teeth Extract # _____ _____ _____	Relines & Repairs <input type="checkbox"/> Reline <input type="checkbox"/> Reline (Soft) <input type="checkbox"/> Reline (Suction-Cup) <input type="checkbox"/> TCS Reline <input type="checkbox"/> Acrylic Repair <input type="checkbox"/> Metal Repair <input type="checkbox"/> TCS Repair	Nightguards/Sleep <input type="checkbox"/> Hard Nightguard <input type="checkbox"/> Hard-Soft Nightguard <input type="checkbox"/> Talon Nightguard <input type="checkbox"/> Flexite TMJ Splint <input type="checkbox"/> Soft Nightguard <input type="checkbox"/> EMA Snoring Device <input type="checkbox"/> TAP3 Snoring Device	Sportsguards <input type="checkbox"/> Pro-Form (Single Layer & Single Color) <input type="checkbox"/> All-Pro (2 Layer & Single Color) <input type="checkbox"/> All-Pro (3 Layer & Single Color) <input type="checkbox"/> All-Pro Custom (2 Layer, Multi-color, Graphics) <input type="checkbox"/> Other _____ <input type="checkbox"/> Colors _____	Denture Accessories <input type="checkbox"/> Custom Tray <input type="checkbox"/> Bite Block <input type="checkbox"/> Name in Denture <input type="checkbox"/> Mesh Reinforcement <input type="checkbox"/> Metal Cast Palate	Cosmetic Temps <input type="checkbox"/> Shade <input type="checkbox"/> Abutment tooth #s _____ <input type="checkbox"/> Pontic tooth #s _____ <input type="checkbox"/> Splinted <input type="checkbox"/> Single Units
Tissue Shade <input type="checkbox"/> Light Pink <input type="checkbox"/> Pink <input type="checkbox"/> Ethnic <input type="checkbox"/> Clear <input type="checkbox"/> Other _____	Orthodontic <input type="checkbox"/> Hawley Retainer <input type="checkbox"/> Essix Clear Retainer <input type="checkbox"/> Bleaching Trays	<input type="checkbox"/> Space Maintainer <input type="checkbox"/> Bilateral Space Maintainer <input type="checkbox"/> Other _____					