

REQUIRED INFORMATION

Doctor Name _____

LAST _____ FIRST _____

Practice Name _____

Address _____

Phone _____

Patient Name _____

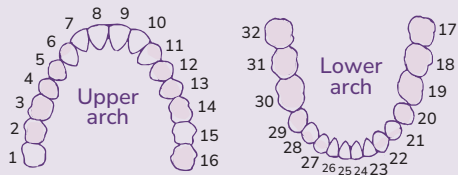
Patient Chart # _____ M F DOB _____

Rx Date _____ Due Date/Delivery On _____
(standard working time if no date given)

- Teeth to be extracted from model now
- Teeth removed from model at final processing

EXTRACTIONS

Please mark ALL teeth to be extracted and replaced



CASE DESIGN

- Doctor's design
- Best design for fit and function



**PARTNERS
DENTAL
LAB**

30725 21ST AVE SW
FEDERAL WAY WA 98023
(425)512-7054
contact@partnersdentallab.com

<input type="checkbox"/> Upper	<input type="checkbox"/> Lower	<input type="checkbox"/> Set-up/Try-in*
<input type="checkbox"/> Both		<input type="checkbox"/> Finish
<input type="checkbox"/> Custom Tray	<input type="checkbox"/> Base Plate	<input type="checkbox"/> Bite Rim

DENTURES

Base Material (non-metal)

- Acrylic Horseshoe palate (upper)
- Partial Wrought wire clasps
- Valpast® Partial Lingual apron (lower)
- Partial Design
- Immediate/Surgical partial

Metal Framework

- Chrome cobalt* A-P strap
- Vitallium Unilateral (nesbit) Ball clasps
- w/ framework

Notes

Large empty box for notes.

Partial

- Valplasts Partial w/ framework
- Cast metal only
- Cast metal w/ Set-up/Try-in
- Cast metal w/ Bite rim

Framework Design

- Full palatal metal coverage (upper)
- Lingual bar (lower)