

DENTAL PROSTHETIC SERVICES

Removable Rx



Doctor: _____ **Patient:** _____
Phone: _____ **Age:** Youthful Middle-Age Mature
Address: _____ **Gender:** Female Male
City/State/ZIP: _____ **Tooth #:** _____ **Shade:** _____
Contact for case questions: _____
Contact email: _____ **Email can be used for case questions?** Yes No
Special Delivery Instructions: _____

Deliver by 5:00pm on ____/____/____

Full Denture

Select Denture Type

- Value Line Integrity Line Ultra Line

Select Teeth

- Ivoclar Phonares® Ivoclar BlueLine®
 Ivoclar Ivostar/Gnathostar®

Select Material Color

- Ivocap Medium Pink Fibered (Standard) Meharry (Ethnic)

- Processed base Light cure base
 Bite block Pin tracer
 Set up/Try in **Finish case**

Other

- Personal ID Custom tray

Comments:

Partial Denture

Design & Estimate Only

Cast Frame Partial

- Conventional clasping
 Saddle-Lock (Hidden clasp)
 Composite on metal (Indicate teeth on diagram below)

- Frame only Frame & teeth
 Frame & bite registration
 Try in **Finish case**

Ultaire™ AKP Partial (metal free/tooth supported)

- Frame only Frame & teeth
 Frame & bite registration
 Try in **Finish case**

Composite/Acrylic Partial

- Dura-Temp bridge (Stainless steel wings/composite)
 Flipper (Acrylic partial)
 Number of clasps: _____
 Softseal partial

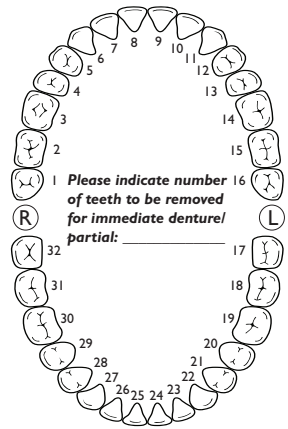
Flexible Partial

- DuraFlex™ Valplast®

Select Teeth

- Ivoclar Phonares® Ivoclar BlueLine®
 Ivoclar Ivostar/Gnathostar®

I would like a phone call regarding instructions



DENTAL PROSTHETIC SERVICES
 1900 51st Street NE
 Cedar Rapids, Iowa 52402
 800-332-3341 • Fax 319-393-8455
 www.DPSdental.com

Please send my office:

Rx Fixed Rx Sleep
 Rx Removable Rx Implants
 Rx Ortho Boxes
 UPS/Mailing Labels

Doctor Signature: _____
 (Please select shade, age, gender, and delivery date)