

# 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**

#### Composite/Acrylic Partial

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

#### Flexible Partial

Duraflex  Valplast

#### Select Teeth

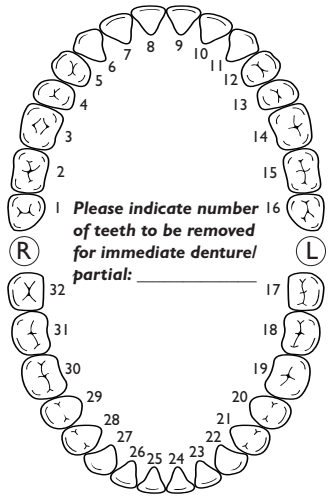
Ivoclar Phonares®  Ivoclar BlueLine®  
 Ivoclar Ivostar/Gnathostar®

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)