

DENTAL PROSTHETIC SERVICES

Removable Rx

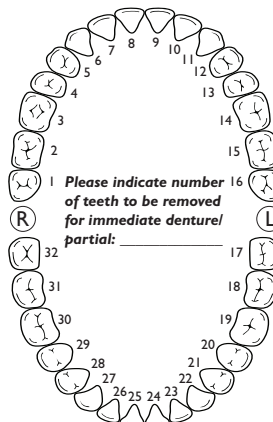


Doctor: _____ **Patient:** _____
Phone: _____ **Age:** ☐ Youthful ☐ Middle-Age ☐ Mature
Address: _____ **Gender:** ☐ Female ☐ Male
City/State/ZIP: _____ **Tooth #:** _____ **Shade:** _____
Contact for case questions: _____
Contact email: _____ **Email can be used for case questions?** ☐ Yes ☐ No
Special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

Deliver by 5:00pm on _____

Full Denture	
Select Denture Type	
Traditional	or Milled
☐ Integrity Line ☐ Ultra Line	☐ Simplicity Milled ☐ Integrity Milled
Select Teeth	Select Tooth Shade
☐ Ivoclar Ivostar/ Gnathostar® ☐ Ivoclar BlueLine® ☐ Ivoclar Phonares®	☐ A1 ☐ A3.5 ☐ A2 ☐ B1 ☐ A3 ☐ Bleach
Select Material Color	Select Material Color
☐ Ivocap Medium Pink Fibered (Standard) ☐ Meharry (Ethnic)	☐ Reddish Pink (Standard)
	Post Dam
	☐ Yes ☐ No (Standard)
☐ Processed base ☐ Bite block ☐ Set up/Try in	☐ Light cure base ☐ Pin tracer ☐ Finish case
Other	
☐ Personal ID ☐ Emergency Denture	☐ Patient specific tray

Partial Denture
☐ Design and estimate only ☐ Design, estimate, and patient specific tray
Cast Frame Partial
☐ Conventional clasping ☐ Saddle-Lock (Hidden clasp) ☐ Composite facings (Indicate teeth on diagram below)
☐ Frame only ☐ Frame & teeth ☐ Frame & bite registration ☐ Try in ☐ Finish case
Composite/Acrylic/Printed Partial
☐ Dura-Temp Bridge (Stainless steel wings/composite) ☐ Acrylic Flipper Number of clasps: _____ ☐ Simplicity Printed Flipper (1-2 tooth flippers are printed only. No clasps.) ☐ Softseal Partial
Flexible Partial
☐ DuraFlex™ ☐ Valplast®
Select Teeth
☐ Ivoclar Ivostar/Gnathostar® ☐ Ivoclar BlueLine® ☐ Ivoclar Phonares®
☐ I would like a phone call regarding instructions



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

DENTAL PROSTHETIC SERVICES
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 www.DPSdental.com
Please send my office:
☐ Rx Fixed ☐ Rx Sleep
☐ Rx Removable ☐ Rx Implants
☐ Rx Ortho ☐ Boxes
☐ UPS/Mailing Labels