

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 Printed
<input type="checkbox"/> Integrity Line <input type="checkbox"/> Ultra Line	<input type="checkbox"/> Simplicity (Value Line)
Select Teeth	Select Tooth Shade
<input type="checkbox"/> Ivoclar Ivostar/ Gnathostar® <input type="checkbox"/> Ivoclar BlueLine® <input type="checkbox"/> Ivoclar Phonares®	<input type="checkbox"/> Printed Teeth A1, A2, A3, A3.5, B1, or Bleach
Select Material Color	Select Material Color
<input type="checkbox"/> Ivocap Medium Pink Fibered (Standard) <input type="checkbox"/> Meharry (Ethnic)	<input type="checkbox"/> Reddish Pink (Standard)
Post Dam	
<input type="checkbox"/> Yes <input type="checkbox"/> No (Standard)	

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)
 Flipper
 Acrylic Printed (1 & 2 tooth flippers are printed only)
 Number of clasps: _____
 Softseal partial

Flexible Partial

DuraFlex™ Valplast®

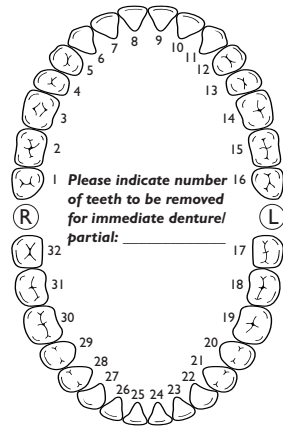
Select Teeth

Ivoclar Ivostar/Gnathostar®
 Ivoclar BlueLine® Ivoclar Phonares®
 I would like a phone call regarding instructions

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

Other

Personal ID Patient specific tray



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

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