



829 N. A. Street,
OXNARD CA 93030

805-585-7546

prosmiles24@yahoo.com

DOCTOR: _____

PATIENT: _____

SHADE: _____

DATE SENT: _____ AGE: _____

DUE DATE: _____ TIME: _____

FOR LAB USE

Pan # _____

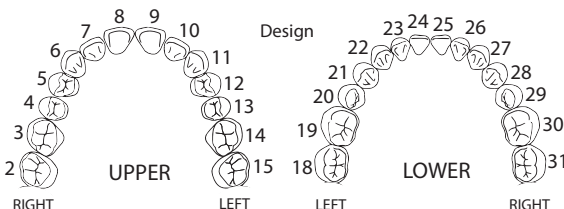
Received: _____

DENTURE

- ☐ Maxillary
- ☐ Mandibular
- ☐ Custom tray
- ☐ Bite rim
- ☐ Full denture
- ☐ Implant overdenture
- ☐ Hybrid denture
- ☐ Flexible partial (TCS)
- ☐ Acrylic partial
- ☐ Immediate
- ☐ Repair
 - ☐ Fiber reinforcement
 - ☐ Metal reinforcement
- ☐ Hard reline
- ☐ Soft reline
- ☐ Night Guard
- ☐ Hawley retainer
- ☐ Essex retainer
- ☐ Other: _____
- ☐ Cast partial
- ☐ Framework try in
 - ☐ Chrome cobalt
 - ☐ Vitallium

CROWN & BRIDGE

- ☐ IMPLANT / CROWN
- ☐ IMPLANT ABUTMENT
- ☐ METAL FREE
 - ☐ IPS ENPRESS
 - ☐ IPS ENPRESS VENEER
 - ☐ IPS EMPRESS INLAY/OVERLAY
 - ☐ IPS E.MAX
 - ☐ ZIRCONIA



INSTRUCTIONS

Doctors Signature _____ License # _____