

Removable Prosthetics

New Case # _____ DR. _____ PT: _____ GENDER: _____

Old Case # _____ Due Day: _____

□ Upper

□ Lower

Tooth Shade:_____

□ Cast Partial

Flexible Denture Combo Framework

□ Co-Cr. Framework

□ Vitallium Framework

□ Frame try in

☐ Frame and Wax Bite

☐ Frame and Teeth try in

□ Finish

Major connector: Upper

☐ Horseshoe

☐ Palatal strap

- Full coverage

☐ A-P Strap

Major connector: Lower

- ☐ Lingual plate

☐ Lingual bar

☐ Kennedy bar☐ **Full denture**☐ Wax rim / Base&Rim☐ Hard Night Guard☐ CustomTray☐ **Acrylic partial**

□ Setup

☐ Soft Night Guard

☐ BleachingTray

☐ **Flexible Denture**

□ Finish

☐ Hard/Soft Night guard☐ Clasp (Wire Or Ball)

Gum Shade:

☐ Pink

□ Light Meharry

☐ Dark Meharry

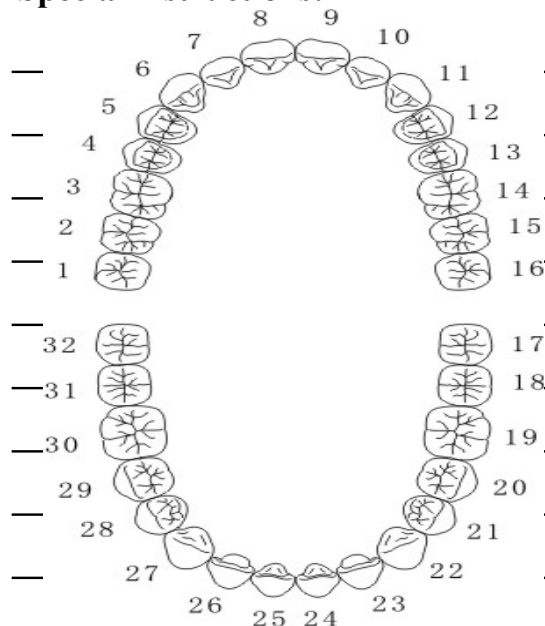
□ Luctione 199 Pink

☐ Rebase

☐ Reline(Hard/Soft)

☐ Add pt's name:

Special instructions:

[illegible]