



CASE PAN	INVOICE NO.
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**REMOVABLE**

**IMAGE DENTAL ARTS, INC.**

1569 PATTON AVENUE  
 ASHEVILLE, NC 28806

**Phone: (828) 225-3812**  
**Toll Free: (800) 547-0327**  
**Fax: (828) 225-3809**

**Doctor (Print)**

\_\_\_\_\_/\_\_\_\_\_  
(First) (Last)

**Patient (Print)**

\_\_\_\_\_/\_\_\_\_\_  
(First) (Last)

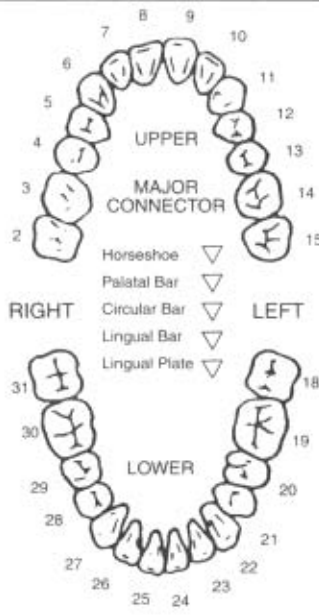
Age \_\_\_\_\_ Sex  M  F

Impression Date: \_\_\_\_\_ Appointment Date \_\_\_\_\_ Time \_\_\_\_\_

- Premium Denture 
  - Antaris, Vivodent P.E. Portrait IPN
- Carolina Denture 
  - Orthotyp/Vivodent (Standard)
- Economy Denture 
  - Classic Dentsply

**SPECIALITY PRODUCTS**

- Night Guards**
- IMPAK
- IVOCAP
- Image Temps
- Virginia Partial™
- FRS Flexible Partial
- FRS Clear Clasp
- ThermoFlex Clasp



**RETURN STAGE PLEASE CHECK**

- Ytallium PARTIAL**
- Frame Try-in
  - Bite Block
  - Set-up (Wax)
  - Finish
- SR IVOCAP® DENTURE**
- Custom Tray
  - Bite Block
  - Set-up (Wax)
  - Finish

	MOULD		SHADE	Gingiva Tint
	Anterior	Posterior		
UPPER				<input type="checkbox"/>
LOWER				Rugae <input type="checkbox"/>

**SPECIFIC INSTRUCTIONS**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
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 \_\_\_\_\_  
 \_\_\_\_\_

Doctor's Signature

License No.

PLEASE SEND:    PRESCRIPTIONS    LABELS    SHIPPING BOXES    BAGS