



IMAGE

— DENTAL ARTS —



38 Garfield Street, Asheville, NC 28803
 REMOVABLE PROSTHETICS

Practice Name (Print)

Impression Date: _____

Appointment Date: _____

Time _____

Age _____ Sex M F

Doctor (Print) _____

Patient (Print) _____

(First) / (Last)

(First) / (Last)

<p>Premium Denture ▾ Ivoclar Blueline, Portrait IPN, Phonares 2</p> <p>Carolina Denture ▾ Orthotyp/Vivodent (Standard)</p> <p>Economy Denture ▾ Kulzer Artic</p> <p>Fiber Force Mesh ▾</p> <hr/> <p>SPECIALITY PRODUCTS</p> <p>Night Guards</p> <p>Eclipse (Heat & Seat) ▾</p> <p>IMPAK (Clear Thermal) ▾</p> <p>Hard Clear Acrylic ▾</p> <p>Flexibles</p> <p>Flexible Partial ▾</p> <p>Clear Flexible Clasp ▾</p> <p>Pink Flexible Clasp ▾</p> <p>Check this box if prefer WWC with Acrylic Partial ▾</p>		<p>RETURN STAGE PLEASE CHECK</p> <p>ytallium PARTIAL</p> <p>Frame Try-in ▾</p> <p>Bite Block ▾</p> <p>Set-up (Wax) ▾</p> <p>Finish ▾</p> <p>SR IVOCAP® DENTURE</p> <p>Custom Tray ▾</p> <p>Bite Block ▾</p> <p>Set-up (Wax) ▾</p> <p>Finish ▾</p>																	
		<table border="1"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">MOULD</th> <th rowspan="2">SHADE</th> <th rowspan="2">Gingiva Tint</th> </tr> <tr> <th>Anterior</th> <th>Posterior</th> </tr> </thead> <tbody> <tr> <td>UPPER</td> <td></td> <td></td> <td></td> <td>▾</td> </tr> <tr> <td>LOWER</td> <td></td> <td></td> <td></td> <td>Rugae ▾</td> </tr> </tbody> </table>		MOULD		SHADE	Gingiva Tint	Anterior	Posterior	UPPER				▾	LOWER				Rugae ▾
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	Anterior	Posterior																	
UPPER				▾															
LOWER				Rugae ▾															



SPECIFIC INSTRUCTIONS



Doctor's Signature _____ License No. _____

Phone: (828) 225-3812
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PLEASE SEND: PRESCRIPTIONS LABELS SHIPPING BOXES BAGS