

Dr: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Phone: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Patient: \_\_\_\_\_ Age: \_\_\_\_\_  
 Male  Female  Use Name for Patient I.D.  
 Request Return Date: \_\_\_\_\_ Time: \_\_\_\_\_



2065 W Woodland • Springfield MO 65807 •  
 800.462.3569  
 417.881.8572 • Fax 417.881.0484  
 West Plains MO • 417.256.3474 • 800.582.2291  
 Jonesboro AR • 870.935.9094 • 800.752.7650

**ORTHODONTICS**

*ClearSync* aligners (Rx available on website)

Maxillary  Mandibular

**FULL ARCH SPLINTS**

Premium  Hard Acrylic

Anterior guidance  Flat plane  
 Centric contact  Cuspid rise

**ANTERIOR DEPROGRAMMER**

CLEARSpLINT  Hard Acrylic

Lateral to lateral  Full arch  
 1<sup>st</sup> bicuspid to 1<sup>st</sup> bicuspid

**OCCUSAL SPLINT**

Premium  Hard (standard)  
 Hard/Soft  Soft

**SLEEP APPLIANCES**

Type: \_\_\_\_\_  
 (For additional information on appliances  
 available please visit our website)

**SPACE MAINTAINER**

Unilateral  Lower lingual  
 Nance  holding arch  
 Lingual holding wire

**MOUTHGUARD (soft)**

Athletic guard  Strap  
 Night Guard

**RETAINERS**

Hawley retainer  Clear retainer

Clasping:  
 Ball  Adams  
 Other \_\_\_\_\_

Color: \_\_\_\_\_  
 (Color chart available on website)

**FULL DENTURE**

Upper  Lower  
 Immediate  Set-up  
 Reset  Process  
 Custom trays  Bite rim  
 Intraoral Tracer

**DENTURE**

*Artisan*  Premium  
 Standard  Economy

**Shade:**

Anterior \_\_\_\_\_  
 Posterior \_\_\_\_\_

**DENTURE BASE SHADE**

**Base Material:**

Standard  Light Ethnic  
 Med. Ethnic  Dark Ethnic

Master Denture System

**Miscellaneous**

Bleaching trays

**IMPLANTS**

WE SUPPORT ALL MAJOR IMPLANT  
 SYSTEMS AND WILL BE HAPPY TO  
 ASSIST YOU WITH YOUR IMPLANT NEEDS.  
 (Implant Rx available on website)

**DENTURE / PARTIAL SUPPORT SERVICES**

Repair:  Base  Tooth Tooth #: \_\_\_\_\_  
 Reline:  Hard  Soft  Rebase  
 Add clasp:  Cast  Wire  Add Teeth

Payment is due upon receipt of statement. Payment not received by the end of the following month is  
 subject to a 1.5% per month service charge unpaid balance plus all collection costs if incurred.  
 Your signature is acceptance of these terms.  
 Each prescription must be completed and signed.

X \_\_\_\_\_  
 Doctor Signature License Number

**PARTIAL DENTURE**

Wironium (Our standard alloy)  
 Wironium (Extra Hard)  
 Vitallium  
 Economy  
 Conventional Design  Wiro-Flex  
 Hidden Bar Design  Saddle Lock  
 Nesbit Unilateral  Swing Lock  
 Frame Design Only  Clear Clasp  
 Frame Try-in  Tooth Colored  
 Frame/Wax Rim  Pink Clasp  
 Frame/Try-in Teeth  
 Frame/Teeth Processed

Tooth #: \_\_\_\_\_ Shade: \_\_\_\_\_  
 (See Denture Teeth for Tooth Selection)

**METAL-FREE**

E-FLX  Try-in  
 Valplast  Baseplate/Wax  
 Flexite Plus Rim  
 Soft-Grip Partial  
 Processed Acrylic  
 Flipper (self-cure)  
 Unilateral

**Replacing**

Tooth #: \_\_\_\_\_

Shade: \_\_\_\_\_

**Clasping**

Tooth #: \_\_\_\_\_

Cast  Wire  Clear  Pink  Tooth Color  
 (See Denture Teeth for tooth selection)

**ENCLOSED WITH CASE**

Impression  Master Model  Opposing Model  Bite Relation  
 Facebow  Articulator  Framework  Old Crown  
 Attachment  Implant Components  Photos  
 Other: \_\_\_\_\_

**Special Instructions:**

Please call  Exception to doctor preferences  
 Has this case been disinfected?  Yes  No  
 Papilla meter High \_\_\_\_\_ Alma Gauge \_\_\_\_\_  
 Low \_\_\_\_\_ Vert \_\_\_\_\_ Horiz \_\_\_\_\_

**Occlusal Scheme:** \_\_\_\_\_

