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Dr _____

Address _____

Phone _____

Patient _____

Age _____ Sex _____

Due Date by 5pm: _____

Try-In Date _____

Finish Date _____

Rx Date _____

TDS Use Only

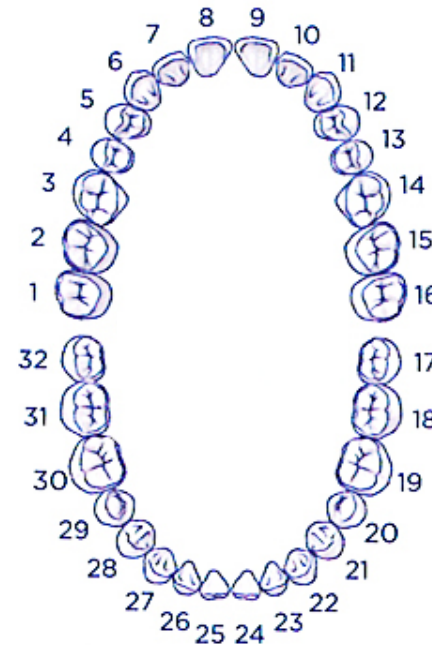
Today's Date _____

Pan # _____

Case# _____



*All Restorations
Made in the USA*



Maxillary

Mandibular

Shade _____

Mould _____

Notes:

Removable Restorations

Partials

- Acrylic Partial with Wrought Wire Clasp
- Acrylic Partial with Embedded Framework
- Cast Partial
- Flexible Partial
- Flexible Partial with Cast Frame
- Flipper
- Nesbit Partial

Dentures

- Full Denture
- Immediate

Acrylic Options

- Press Pack
- Ivobase
- Ethnic Acrylic

Removable Extras

- Custom Tray
- Bite Rim
- Bleaching Tray
- Essix Splint Retainer

Nightguards

- Hard Acrylic/Clearsplint®
- Hard/Soft

Repairs/Relines

- Repair
- Hard Reline
- Soft Reline
- Silicone Comfort Liner
- Rebase

Doctor Signature

License #

Customer agrees to terms and conditions as stated on the reverse side hereof including those provisions dealing with limitation of liability and disclaimers of warranties.