

16280 WESTWOODS BUSINESS PARK • ELLISVILLE, MO 63021
(636) 227-0186 • (888) TO-VERCH

DENTIST'S NAME _____

PHONE # _____

DENTIST'S ADDRESS _____

CITY, STATE, ZIP _____

PATIENT'S NAME _____ RX DATE _____

SEX M F AGE _____ DUE DATE _____

DAY BEFORE PATIENTS'S APPOINTMENT

REMOVABLES

Teeth

- Premium
 Economy
 Other _____

Shade _____

Mould _____

Full Denture

- Upper
 Lower
 Immediate
 Set-up

Finish Denture

- Premium Injection
 Heat Cure
 Acrylic repair
- Ethnic Light > vitalon
 Ethnic Dark

- Re-Set
 Wrought Wire Clasps

- Finish
 Cast Clasps

Set-up Preference:

- Ideal
 Characterized
 Follow Study Model

Partial Denture

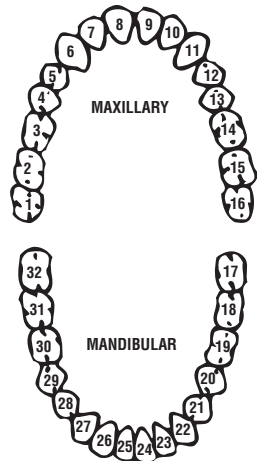
- Survey & Design Only
 Follow My Design
 Lab Design
 Frame Only With rim Set in wax Process
 Valplast-Flexible Partial

- Upper Lower

Major Connector

- Horseshoe
 Circular Bar
 Palatal Strap
 Lingual Apron
- Lingual Bar
 Lab Design
 See Instructions Below
 Type of Clasp preferred

- Please Have Technician Call



Instructions: _____

A copy of this form must be retained in the dental laboratory office and the dentists' office for a period of 2 years.

DOCTOR'S SIGNATURE

ORIGINAL

DDS/DMD LICENSE #