



834 Falls Ave., Suite 2100
 Twin Falls, Idaho 83301
 800-574-0721 • 208-733-0383
 Email: pda@srv.net
 www.precision-dental-arts.com

DOCTOR _____

PATIENT _____

DATE _____

AGE _____ MALE FEMALE

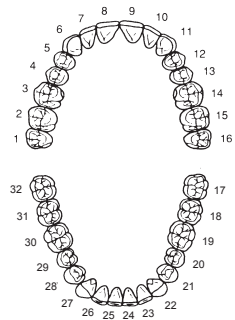
Shade _____

Try-In
 Finish

Month	Date	Hour
		AM
		PM

DENTURES & FLEXIBLE PARTIALS

- Flipper Denture Valplast Dupe denture
- Custom Tray Occlusal rim Wax set-up try-in Finish
- Tooth set-up:** Ideal Characterized Study model
 Male Female Age _____
- Acrylic shade:** Original Light Medium Dark
- Portrait IPN Teeth**
 Shade _____ Mould _____
- Premium Brand Teeth (*extra charge applies*)
 Shade _____ Brand _____ Mould _____



METAL PARTIALS

- Chrome Cobalt TCS Valplast Lab select complete design
 Frame try-in Frame w/occlus. rim Frame w/set-up try-in Finish

MAJOR CONNECTOR

Maxillary	Mandibular	Clasp Options	Tooth #
<input type="checkbox"/> Lab select	<input type="checkbox"/> Lab select	<input type="checkbox"/> Lab select	_____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Metal	_____
Rest Areas	Tooth #	<input type="checkbox"/> Estheticclasp	_____
<input type="checkbox"/> Lab select	_____	<input type="checkbox"/> Thermoflex	_____
<input type="checkbox"/> _____	_____	<input type="checkbox"/> _____	_____

NIGHTGUARDS / BITE SPLINTS

- Upper Lower
- Talon (hard/soft)
 Impak (hard/soft)
 Hard
 Gelb
 Pankey
 NTI

INSTRUCTIONS:

SIGNATURE: _____

LICENSE NUMBER: _____

PLEASE SEND: Mailing Labels Boxes Prescription Pads