



for office use	
a	b
c	d

Doctor: _____ Date: _____

Patient: _____ Age: _____ M F

Date Wanted: _____ Time: _____

Rx Notes: Send Supplies
 Call To Discuss

Dr. Signature: _____

Circle the desired restoration preferences

ORTHODONTICS

1. SPLINTS

- Hard
- Ball Clasps
- Thermoplastic

2. SPACE MAINTAINERS

- Unilateral
- Nance Appliance
- Max. Holding Arch
- Man. Holding Arch
- Other _____

3. ESSIX RETAINER

4. CUSTOM TRAY

5. SPORTSGUARD

- Dual Layer
- Triple Layer
- Colour _____

6. BLEACHING TRAY

7. SNORING APPLIANCE

DENTURES / PARTIALS

- 1. Denture TCS Flexible Partial Cast Partial
- Denture Over Implant Flipper

- 2. Upper Lower

- 3. Bite Block (Rigid) Bite Block (Wax)
- Try-in
- Process and Finish

4. **Shade** _____

5. Tooth Selection

- Square Tapered
- Ovoid Other _____

6. Occlusion

- Full Function
- Lingualized
- Flat Plane
- Other _____

Cuspal Preference

- 10°
- 12°
- 20°
- 30°

7. TCS Flexible Partial Gum Shade

- Light Pink
- Standard Pink (Default)
- Light/Dark Pink
- Dark Pink

In the event that your account becomes delinquent beyond our agreed net terms of 30 days, you are responsible for any and/or all late fees, service charges, attorney fees or collection costs incurred in the recovery of amounts owed.