RX Date Invoice #		INSTRUCTIONS Call me before starting case Follow enclosed study model Lab remake Send Rx forms and shipping supplies BIGHT LEFT LEFT LEFT	7 28 29 30 EI RIGHT
Dr. Name	Patient Name   Male  Female		
Dr. Address	City, State, Zip		
Dr. Phone	Tooth # (s)		
<ul> <li>ENCLOSED WITH CASE</li> <li>Impressions/models</li> <li>Bite</li> <li>Opposing</li> <li>Shade/mould</li> </ul>	SELECT CLASSIFICATION   Premium (Bioblend IPN, Portrait)  Standard (Image or Bioform IPN teeth)  We will select the brand of denture tooth based on the shade guide you use.	Signature License #	
ALL ACRYLIC / FLEXIBLE PARTIALS <ul> <li>Flexible - No Metal</li> <li>Try-in</li> <li>Flexible / cast combo</li> <li>Finish</li> <li>Acrylic partial*</li> </ul> <li>* Wrought wire clasps are optional</li>	FULL DENTURES  Immediate (extract tooth #)  Try-in Finish	CAST PARTIAL FRAMES         Frame only         Frame try-in w/rim         Frame try-in w/reeth         Finish         Bego	guard
<ul> <li>METAL PARTIAL DESIGN – UPPER</li> <li>Horseshoe</li> <li>Palatal strap</li> <li>A-P Strap</li> <li>Full coverage</li> <li>Lab design</li> </ul>	METAL PARTIAL DESIGN — LOWER  Lingual bar Lingual plate Kennedy bar Lab design	Shade Mould Special Acrylic shade: Light Standard Ethnic No Extra Fee Light Med Dark	
CLASP DESIGN Lab design Akers RPI Hidden clasp Roach	CLASP TYPE Cast Wire No Clasp	<b>Rogers Dental Laboratory, LLC</b> 867 Darwin Street Charleston, SC 29412 (843) 762-3436	