HIGH-END DENTURES and Splints

Tel: 908-635-1106
215-900-3697

Over 25 Years of Removable Restoration

Email:
dental_laboratory@icloud.com

Website: highenddentures.com

Rx Date ___/___/___ **Due Date** ___/___/___

Dr. _____ **PHONE #**

Office Name _____

Address _____

Patient Name _____ ❑ Male ❑ Female

Patient Age _____ Tooth Shade: _____ Mold: _____

❑ Premium ❑ Economy

❑ Custom Tray ❑ Bite Block ❑ Frame Work ❑ Night Guard

❑ Hard
❑ Soft
❑ Hard/Soft

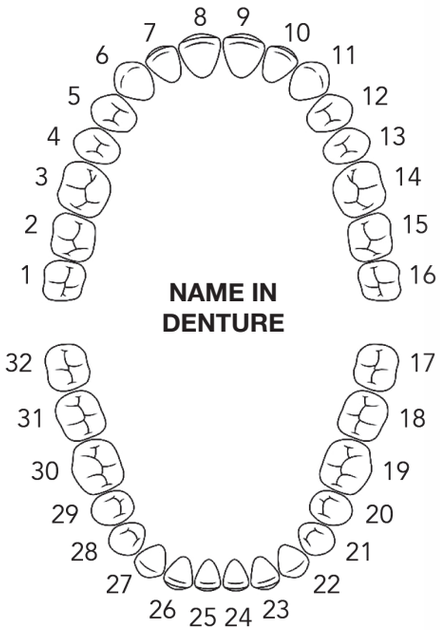
❑ UPPER ❑ LOWER

❑ Repair ❑ Reline ❑ Denture Duplicate ❑ Nesbit/Unilateral (Flipper)

CLASP SELECTION:

❑ Wrought Wire ❑ I / Y Bar ❑ Acrylic ❑ Flexible
❑ Clear ❑ Tooth Shade ❑ Ball Clasp ❑ CU-Sil

UPPER



LOWER

INSTRUCTIONS:

❑ TRY-IN ❑ FINISH ❑ IMMEDIATE ❑ METAL ONLY

OVERDENTURES:

❑ Removable Bar ❑ Locator/ERA/Hader ❑ Fixed Hybrid ❑ Lock
❑ Other _____

❑ Please call me
Dr. Signature _____ License# _____

FINISHED PRODUCT WITH:

❑ Acrylic

❑ Flexible

GINGIVAL SELECTION:

❑ Pink ❑ Meharry

❑ Dark Pink ❑ Lt. Pink