



200 Airpark Drive • Suite 30 • Rochester, NY 14624  
**(585) 730-5100**

Dr. \_\_\_\_\_

Address \_\_\_\_\_

City, Zip \_\_\_\_\_ Phone \_\_\_\_\_

Patient \_\_\_\_\_  M  F Age \_\_\_\_\_

Shade \_\_\_\_\_ Mold \_\_\_\_\_ Acrylic \_\_\_\_\_

<b>Date Sent</b>
<b>Return Date &amp; Time</b>

- |                                       |   |                                       |                                      |
|---------------------------------------|---|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Set Up       | <input type="checkbox"/> Repair           | <input type="checkbox"/> PFM          | <input type="checkbox"/> Finish      |
| <input type="checkbox"/> Finish       | <input type="checkbox"/> Reline           | <input type="checkbox"/> Ag/Pd        | <input type="checkbox"/> IPS Empress |
| <input type="checkbox"/> W.W. Partial | <input type="checkbox"/> Rebase (Jump)    | <input type="checkbox"/> Au           | <input type="checkbox"/> Procera     |
| <input type="checkbox"/> Flipper      | <input type="checkbox"/> Hard Nightguard  | <input type="checkbox"/> Full Cast    | <input type="checkbox"/> Composite   |
| <input type="checkbox"/> Cast Partial | <input type="checkbox"/> Thermoflex Guard | <input type="checkbox"/> Metal Try-in | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Valplast     | <input type="checkbox"/> Comfort Guard    | <input type="checkbox"/> Bisque Bake  | _____                                |
|                                       | <input type="checkbox"/> Soft Liner       |                                       |                                      |

Instructions \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

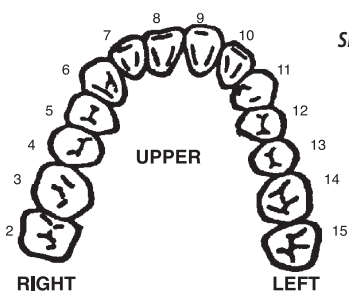
\_\_\_\_\_

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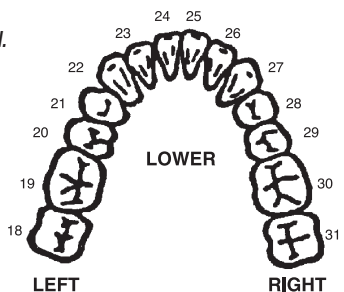
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\_\_\_\_\_



**\*Please Remember ----**  
**Shade, Bite & Opposing Model.**  
**Thank You.**

- PLEASE SEND**
- Prescriptions
  - Mailing Labels
  - Shipping Boxes



Signature \_\_\_\_\_

License Number \_\_\_\_\_