

REMOVABLE Rx PLUS

Dr: _____ Lic. # _____
 Address: _____
 City: _____
 Phone: _____

Account #: _____
 Due Date (By 5 p.m): _____
 State: _____ Zip: _____
 Patients Name: _____



707 EAST LAKE STREET
 MINNEAPOLIS, MN 55407

DOCTOR'S SIGNATURE REQUIRED***

M F

Send Your Cases Today!

T:612-254-8333

www.AmeriDentLab.com

PRODUCT SELECTION

CAST METAL PARTIALS

- Cast Metal Partial
- Vitallium 2000
- Valplast w/ Vitallium 2000 Subframe

ACRYLIC PARTIALS

- Flipper (1Tooth)
 - Stayplate* (2-5 Teeth)
 - Acrylic Partial* (6 Teeth or more)
- *Includes wire clasps

METAL FREE PARTIALS

- Flex TCS
- Flex Wax Try-in
- Flex Process

DENTURES

- High Impact Denture
- Premium Portrait @IPN

CLASP DESIGN

- Lab Select I-Bar/RPI
- Roach/T-Bar Akers/C-Clasp

MAJOR CONNECTOR

- Lab Select Full Palate
- Horseshoe Lingual Bar
- Palatal Strap Lingual Plate
- Double Palatal Bar

IMMEDIATES

- Extract All
- Extract tooth # _____

SPLINT THERAPY

- (Upper Arch only)
- Anterior Splint
 - Full Arch

Select Material:

- Dual Laminate
- Thermo-lined

SPORT GUARD

- Pro-Form Sports Guard

NIGHT GUARDS

- Hard Soft
- Soft/Hard Combo
- Brux+ (Soft/Hard Combo)

REMOVABLE EXTRAS

- Wax Bite Block Repair
- Wax Bite Rim Rebase
- Custom Tray Reline Hard
- Bleach Tray Reline Soft

ORTHO:

- Hawley Essix Retainer
- Arch Expander

Space Maintainer: Unilateral Bilateral

CASE SPECIFICATIONS

SELECT: Full Denture Partial Unilateral

TOOTH SHADE: _____

TISSUE SHADE:

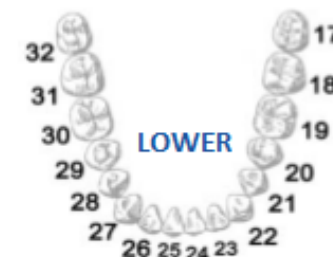
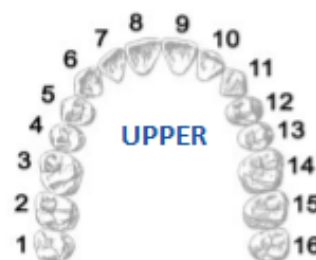
LIGHT PINK PINK ETHNIC UPGRADE TO PREMIUM TEETH

STAGES:

- COMPLETE WAX TRY-IN W/TEETH
- FRAME TRY-IN FINAL PROCESS

SPECIAL INSTRUCTIONS

For Lab Use Only



REDO CASE