

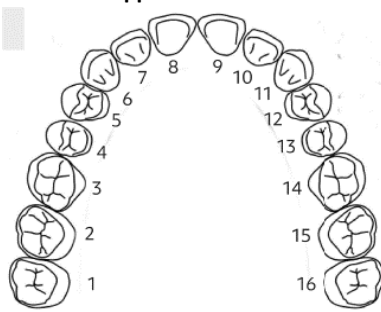
1925 E Second Ave Suite 101, Tampa, FL 33605
800.818.1704

Doctor Name: _____ Licence #: _____ Practice Name: _____

Phone: _____ Address: _____

Patient Name: _____ Male/Female/Age: _____ Patient Chart# _____

Upper Arch [CIRCLE ONE]



Extractions - Please mark all teeth to be extracted

Bite Rim
 Custom Tray
 Metal Frame
 Immediate Denture
 Immediate Partial
 Tooth Shade

Setup/Reset

Denture [Prime] Upper

Acrylic Partial CadFlex Flexible Partial
 Unilateral Unilateral Valplast
 Flipper (no clasps) Partial Valplast
 Partial Design Unilateral CadFlex
 Ball clasps Partial CadFlex
 Flexible/Cosmetic Attachment:

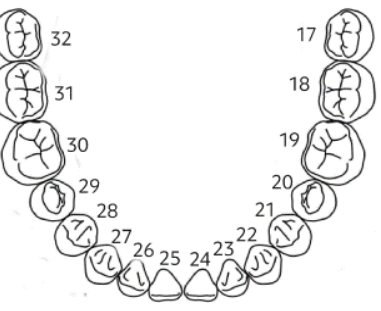
Tooth Color

Finish

Acrylic Shade Softliner

DR INITIALS ON THIS NOTE:
Case turnaround time is based on the date we receive the case, as well as ALL the information being correct and completed on the RX. If the RX is incomplete, we CANNOT guarantee a delivery date until all the information is received by the lab.

Lower Arch [CIRCLE ONE]



Extractions - Please mark all teeth to be extracted

Bite Rim
 Custom Tray
 Metal Frame
 Immediate Denture
 Immediate Partial
 Tooth Shade

Setup/Reset

Denture [Prime] Lower

Acrylic Partial CadFlex Flexible Partial
 Unilateral Unilateral Valplast
 Flipper (no clasps) Partial Valplast
 Partial Design Unilateral CadFlex
 Ball clasps Partial CadFlex
 Flexible/Cosmetic Attachment:

Tooth Color

Repair

Complex Repair
 WW Claps Rebase
 Reline

NOTE: _____

Night Guards

Upper Lower

Soft
 Hard
 Flexi
 Hard/Soft

Framework Design
 Ap-stop
 Full Palatal Metal Coverage
 Lingual Bar
 Lingual Apron
 Flexible/Cosmetic Clasps
 Ball Clasps
 Basket Clasp

Email Photo to photos@cadmusdentallab.com

May Lab Adjust _____
May Lab Adjust _____
May Lab open _____
Next Restoration _____

Dr Signature _____

Opposing? _____
Bite? _____
Bite? _____ mm?
Planned: _____