3545 s. tamarac dr., suite 205
denver, co 80237
303.393.1577

denture & partial services

in accordance with dental practice act sec 12-35-130

☐ custom tray ☐ bite blocks
☐ setup for tryin ☐ process & finish
☐ conventional denture ☐ economy denture
☐ acrylic flipper ☐ cusil
☐ framework ☐ with bite block ☐ with teeth tryin
☐ flexible partial

splints & mouthguards

☐ hard ☐ flexi (semi-soft)
☐ hybrid (hard outside, soft inside)
☐ snoreguard ☐ sportsguard

teeth

☐ vitapan ☐ heraeus
☐ ivoclar ☐ economy

acrylic shade

☐ light ☐ medium
☐ dark ☐ ethnic

doctor's address:_____

_____

patient's name: _____ ☐ male ☐ female age _____

shade _____

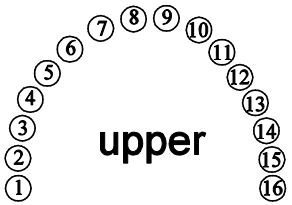
return date ____/____/____ ☐ am ☐ pm

instructions: ☐ upper ☐ lower

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

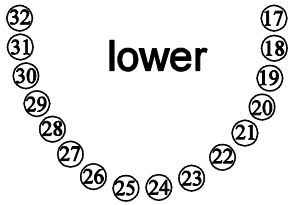
tooth setup

☐ ideal ☐ characterized



facial features

☐ square ☐ ovoid ☐ tapering



doctor's signature _____license # _____date ____/____/____