



4104 N. FREEWAY BLVD. • SACRAMENTO, CA 95834
(916) 830-7327 • (800) 786-8848
(916) 830-3769 (FAX)

FINISH **DUE DATE** BY NOON
 FRAME TRY-IN BY 5:00
 SET-UP TRY-IN

REMOVABLE PROSTHETICS

DUE DATE OK'D BY _____

DOCTOR _____ PHONE _____

ADDRESS _____ CITY _____

PATIENT(PRINT)
FIRST NAME _____ STATE _____ ZIP _____

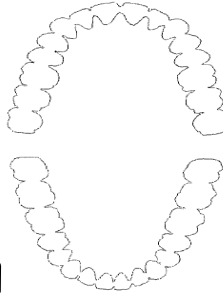
LAST NAME _____ AGE _____ M F

(PRINT CLEARLY)

PRODUCTS

- DENTURE PREMIUM ECONOMY (BDL)
 - IMMEDIATE
 - AVOID EMBARRASSMENT (AED)
 - POUR MOUNT RETURN (PMS)
- CUSTOM TRAY
- PARTIAL FRAME
- BITE BLOCK
- STAYPLATE
- NIGHTGUARD
- SPORTS GUARD - PROFORM
- BLEACHING TRAY
- SLEEP APPLIANCE
 - HERBST

SHADE



DESIGN

- UPPER LOWER
- REPLACE TEETH # _____
- BALL CLASP # _____
- ESTHETI-CLASP # _____
- RESIN CLASP # _____
- WROUGHT WIRE CLASP # _____
- NO PATIENT ID
- PROFORM COLOR DESIGN
SPECIFY BELOW

dentures@brabant.com

SERVICE

- SET-UP FOR TRY-IN
- PROCESS & FINISH
 - TRY-IN APPROVED BY:
- REPAIR
- RELINE
 - HARD SOFT IVOCAP INJ.

MATERIALS

- ACRYLIC**
- IVOCAP INJECTED LUCITONE 199
 - ECONOMY (BDL)

- METAL / METAL FREE**
- VITALLIUM 2000 PLUS FLEXIBLE
 - ECONOMY VITALLIUM (BDL)

- TEETH**
- PREMIUM ECONOMY (BDL)

- NIGHTGUARD**
- ASTRON ECLIPSE PROFORM
 - HARD ACRYLIC

ADDITIONAL INSTRUCTIONS

SIGNATURE _____ **LICENSE#** _____ **DATE:** _____

THIS IS YOUR AUTHORIZATION PURSUANT TO THE PROVISIONS OF ARTICLE II OF THE DENTAL PRACTICE ACT OF THE STATE OF CALIFORNIA TO CONSTRUCT, ALTER OR REPAIR THE DENTAL RESTORATION DESCRIBED.

PLEASE SEND RX'S- FIXED REMOVABLE ORTHODONTIC SLEEP BAGS BOXES SHIPPING LABELS