

ARTISAN 3D

Removable Appliances

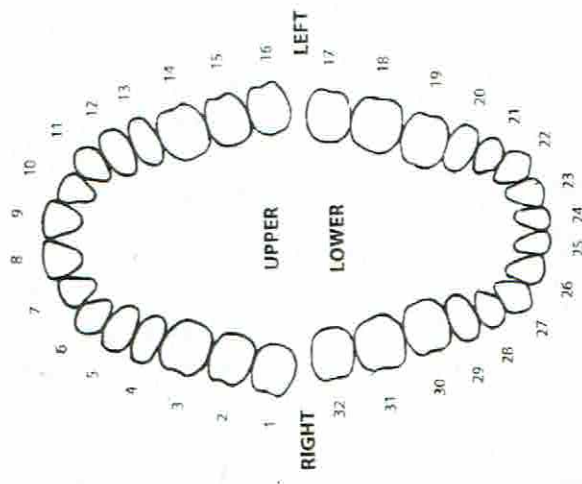
Instructions:



2115 Anchor Dr., Ste. A
 San Antonio, Texas 78213
 Main Line: (210) 276-0042
 Fax: (210) 276-0043

Drs. Name: _____
 Mr. _____ Age: _____
 Pts. Name: Ms. _____
 Mrs. _____
 Today's Date: _____
 Due Date: _____

- Cast Partial:**
- Cast Framework
 - w/bite block* w/o bite block
 - Wax-up with teeth
 - Process/Finish
 - Chrome Cobalt*
 - Vitallium
 - Standard Acrylic*
 - Lucitone 199
- Full Denture:**
- Custom Tray
 - Wax-up with teeth
 - Direct Finish
 - Standard Acrylic*
 - Lucitone 199
- Immediate/Acrylic Denture:**
- Partial Immediate
 - Full Immediate
 - Extract and replace all teeth
 - Replace missing teeth w/o extraction
 - Extract only #:
 - Replace only #:
 - Wrought Wire on #:
 - Wax-up with teeth
 - Process/Finish
 - Direct Finish
 - Standard Acrylic*
 - Lucitone 199
- Framework Design:**
- Lab Design
 - Drawing on RX/model
 - Horseshoe
 - Palatal Bar
 - Circular Bar
 - Lingual Bar
 - Other:
- Additional Work:**
- Repair
 - Base+Bite Block
 - Reline/Rebase-Hard
 - Reline/Rebase-Soft
 - Reline/Rebase-Flexible Acrylic
 - Fit crown to partial denture
 - Nightguard - Hard
 - Nightguard - Soft
 - Nightguard - Hard Outside/Soft Inside
 - Attachment
 - Attachment type: _____



DuraFlex Partial: (Up to 6 Teeth)
 DuraFlex
 (More than 6 teeth will be an additional charge)

*Standard, unless specified otherwise

REMOVABLE RESTORATION PRESCRIPTION
 This is a New CASE REDO REPAIR
 Old unit enclosed for redo/repair: Yes No
 Old case number for redo/repair: _____

SHADE _____

Additional Instruction:
 OK to relieve opposing? Yes No
 OK to change clasp type? Yes No
 OK to change major connector? Yes No

Dr.'s Signature: _____
 License No.: _____ Date: _____