

# Dental Prosthetic Services Removable



**Doctor:** \_\_\_\_\_ **Patient:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Age:**  Youthful  Middle-Age  Mature  
**City:** \_\_\_\_\_ **Gender:**  Male  Female  
**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Shade:** \_\_\_\_\_ **Tooth #:** \_\_\_\_\_  
**Phone:** ( ) \_\_\_\_\_ **Deliver by 5:00 on:** \_\_\_\_\_  
**Special Delivery Instructions:** \_\_\_\_\_

**Full Denture**

**Select Denture Type**

Value Line  Integrity  Ultra Line  
 Vitapan™  Ivoclar BlueLine™  
 Physiodens™  Other \_\_\_\_\_  
 Economy  Porcelain

**Options for Integrity/Ultra Line**

Staub™ Cranial  
 Processed Base  Light Cure Base  
 Bite Block  Pin Tracer  
 Set up/Try in  Finish Case

**Partial Denture**

**Design & Estimate Only**

Conventional Clasp  
 Saddle-Lock (Hidden Clasp)

Please indicate under Full Denture category your choice for the tooth brand

Try in  Finish Case  
 Frame Only  
 Frame & Bite Registration  Frame & Teeth

**Composite/Acrylic**

Dura-Temp Bridge (Stainless steel wings/Composite)  
 Flipper (Acrylic Partial)  
 Softseal Gasket partial  
 Valplast Flexible Partial  
 I would like a phone call regarding instructions

**Orthodontics**

**General Information**

Maxillary  Mandibular

**Splints**

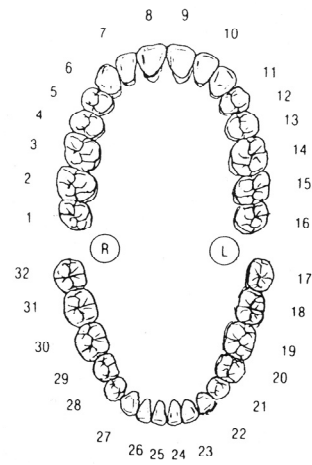
Dura-Splint  Hard Acrylic  
 Flat Plane  Cuspid Rise  
 Anterior Guidance  Centric Contact

**Retainers**

Hawley Retainer  Other Retainer  
 Rosa (Standard)  Blue  Green  Purple  Yellow  
 Camo  Tiger  Zebra  
 Rainbow  Polka Dot

**Space Maintainers**

Unilateral  Bilateral  Nance



**Comments:** \_\_\_\_\_

**Please send my office:**

Rx (Fixed)  Rx (Removable)  
 Rx (Sleep/Ortho)  
 Boxes  Mailing Labels

1150 Old Marion Road, NE  
 Cedar Rapids, Iowa 52402  
 319-393-1990 / 800-332-3341  
 Fax 319-393-8455  
 E-Mail [dps@dpsdental.com](mailto:dps@dpsdental.com)

Doctor Signature \_\_\_\_\_

(Remember to select shade, age, gender, and delivery date)