



Removable RX

Customer Name:

Case No.: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Dr. Name: \_\_\_\_\_

Due Date: \_\_\_\_\_

Select Stages:

Frame Try-in

Wax Try-in w/Teeth

Complete

Final Process

Tooth Shade: \_\_\_\_\_

Tissue Shade:  Light Pink

Pink

Ethnic

**Metal Partials**

- Co-Cr
- Vitallium 2000

**Valplast**

- Tri-Flex
- Valplast

**Acrylic**

- Flipper
- Full Denture

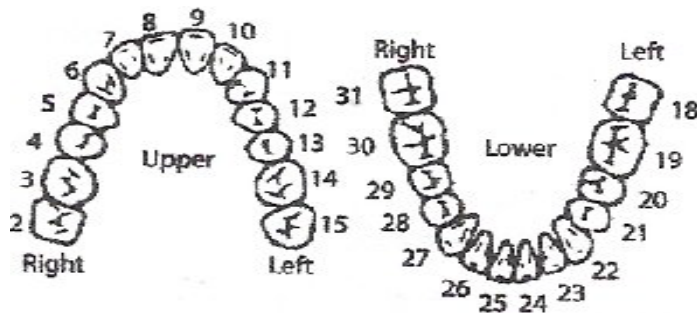
**Night Guard**

- Hard
- Soft
- Soft inside/Hard outside

**Removal Extrals**

- Wax Bite Block
- Wax Bite Rim
- Custom Tray
- Repair
- Rebase
- Bleach Tray
- Reline Hard
- Reline Soft
- Cusil # \_\_\_\_\_

**CIRCLE TEETH/ARCH(S)**



**SPECIAL INSTRUCTIONS**

**Clasp Design**

- Lab Select
- Akers
- RPI
- Wire
- Roach
- Thermoflex

**Major Connector**

**Upper**

- Full Palate
- Horseshoe
- Palatal Strap
- A-P Bar

**Lower**

- Lingual Bar
- Lingual Plate