Dr Name _____ Ph # _____

Pt _____ Age _____ ☐ Male ☐ Female

Today's date _____ Delivery date _____ Received date _____

(916) 478-2722
920 Reserve Dr., Ste 160
Roseville, CA 95678
info@365dentallab.com
365dentallab.com

Removable Prosthetics

Dentures / Partials

☐ Acrylic Base ☐ Metal Base ☐ Valplast

Visits:

1. _____ Due Date _____
2. _____ Due Date _____
3. _____ Due Date _____
4. _____ Due Date _____

Nightguards / Bite Splints

☐ Upper ☐ Lower

☐ Comfort H/S (hard/soft) ☐ Soft

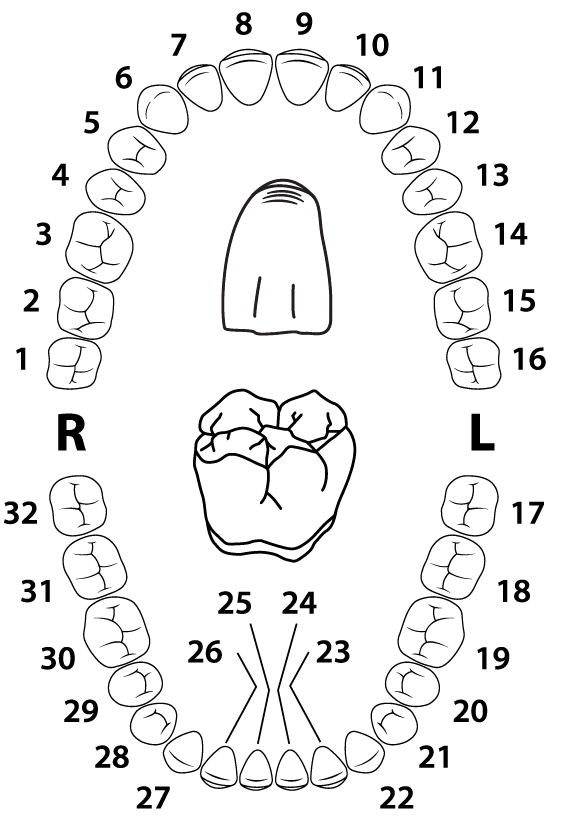
☐ Comfort (hard) ☐ Astron CLEAR Splint

All-on-X (X-qty of implants)

Implants Brand

Type of fixation

☐ PEEK ☐ Zirconia ☐ Acrylic



Rx Instructions

Dr. signature _____