



Denoray Dental Services

Denoray Dental Services
2020 Sylvia Ave NE Unit B
Cedar Rapids, IA 52402

319 393 2655

denorayds@gmail.com

ORDER DATE: / /

YOUR DUE DATE: / /

IMPORTANT: Standard restorations will be sent back 10 working days after cases are received in our facility if uneventful and without any unforeseen delays. Please calculate due dates accordingly for all standard and non-standard restorations. Any questions, please call. Thank you.

Office: _____ Phone: _____ Dentist Name: _____

Address: _____ Fax: _____ Patient Name: _____

City/State/Zip: _____ Email: _____ Case No: _____

Cast Partial:

- Cast Framework (Nobilium)
 - w/ bite block* w/o bite block
- Wax-up with teeth
- Process/Finish
- Direct Finish
- Lucitone 199 Acrylic

Non-Metal Flexible Partial:

- Valplast
- TCS*
- Duraflex

Acrylic Partial:

- Wax-up with teeth
- Process/Finish
- Direct Finish
- Hi-Impact Vynacron fibered acrylic

Full Denture:

- Custom Tray
- Base+Bite block
- Wax-up with teeth
- Process/Finish
- Direct Finish
- Lucitone 199 Acrylic

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
- Lucitone 199 Acrylic

Additional Instruction:

- Smooth finish*
- Festooning
- Stippling
- Prosthetic ID: _____

Framework Design:

- Lab Design
- Drawing on Rx/model
- Horseshoe
- Palatal Bar
- Circular Bar
- Lingual Bar
- Lingual Plate
- Other: _____

Clasping:

- Roach
- RPI
- Akers
- Other: _____

Clasp:

- Cast clasp on #: _____
- Wire clasp on #: _____
- Flexible clasp on #: _____
- Tooth color clasp on #: _____
- Other: _____

Finish Clasp:

- Light
- Medium*
- Heavy

Rest:

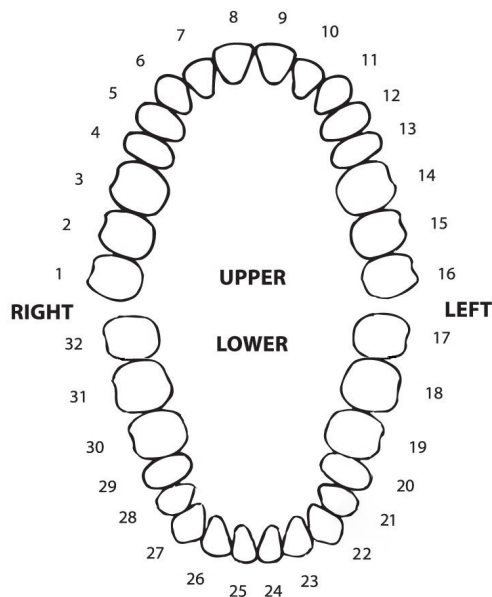
- Mesial Rest on #: _____
- Distal Rest on #: _____
- Cingulum Rest on #: _____

Additional Work:

- Repair
- Base+Bite Block
- Reline/Rebase-Hard
- Reline/Rebase-Soft
- Reline/Rebase-Flexible Acrylic
- Fit crown to partial denture

Additional Services:

- Night Guard
 - Hard Acrylic
 - Hard Vacuum Form
 - Soft Vacuum Form
 - Dual Laminate



TOOTH SHADE: _____

Acrylic Shade:

- Light Pink Standard Pink*
- Medium Dark Dark

REMOVABLE RESTORATION PRESCRIPTION

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

- OK to relieve opposing? Yes No
- OK to change clasp type? Yes No
- OK to change major connector? Yes No

Internal Use Only:

***Standard unless specified otherwise**

Authorized Signature for Work: _____ Date: _____