



TAKE IT TO THE NEXT LEVEL
 10448 W Garverdale Ct. STE 604
 Boise, ID 83704
 208.398.2119
 www.udentalteam.com

Doctor: _____ Phone #: _____

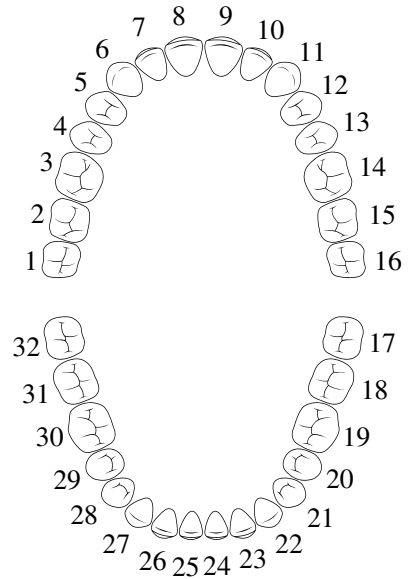
Address: _____

Patient Name: _____ Male Female Age: _____

ENCLOSED WITH CASE: Impressions Models Bite Photos

Other: _____ Due Date: _____

Special Instructions:



FULL DENTURES

Upper Lower

Custom Tray Wax Rim Wax Set-Up Try-In Reset Finish

Degree: 0° 15° 30° Other: _____ Mould: _____

SHADE

Tooth Shade: _____ Tooth Type: Premium Economy

Gingival Shade: Original Light Light-Reddish Dark

PARTIAL DENTURES

Upper Lower

FLEXIBLE:

Flipper
(1-3 teeth)

Metal Partial

Flex-Zirlux Acetal
Tooth Color OR Pink (Circle one)

Acrylic Partial
(4 or more teeth)

Wire Clasps

Dura Flex

Tooth Setup: Ideal Characterized Balanced Lingualized

NIGHTGUARDS

Upper Lower Deprogrammer/NTI

Email: _____ License#: _____

Signature: _____ Date: _____

REPAIRS

Hard Reline Soft Reline Add Teeth Replace Teeth Fracture

SEND PHOTOS TO: photos@udentalteam.com