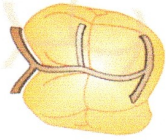


THE INCISAL EDGE

Premium
Product
Line
Dentures



Due Date _____ Time _____
 Patients Name _____
 Gender: male female Age _____ (optional)

No Same Day Repairs or Relines
 Please use time schedule for setting due date
 Rush cases may be subject to a rush fee

Date _____
 Doctors Name _____
 Address _____
 Phone Number _____

1 PARTIAL FRAMEWORKS

A. APPLIANCE

- Cast Partial
- Acrylic Partial
- FRS Partial
- Flipper

B. MAJOR CONNECTOR

- Lab Select
- Horseshoe
- Full Palate
- Palatal Strap
- A-P-Strap
- Lingual Bar
- Lingual Plate
- Kennedy Bar
- Other

C. SADDLE AREA

D. PARTIAL CLASP DESIGN

Tooth Location # <input type="checkbox"/> Lab Select Design _____ Akers _____ Roach _____ I Bar _____ Ring	Tooth Location # _____ Lab Select _____ Mesial _____ Distal _____ Cingulum _____ Lingual _____ Incisal
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**If no design is designated by the customer the customer, accepts complete responsibility for the design of the frameworks from the laboratory.

2

- Custom Tray
- Bite Block
- Set-up Partial
- Set-Up Full
- Reset
- Acrylic Process
- FRS Process

- Wrought Wire Clasp
- FRS Clear Clasp
- Duplicate Denture
- Acrylic Surgical Guide
- Athletic Mouthguard
- Nightguard

- Rebase
- Reline
- Soft Reline
- Repair

3 Denture Teeth

- Premium (Portrait IPN)
- Economy

Special Instructions _____
