



# REMOVABLES Rx

FIRST IMPRESSIONS  
DENTAL LABORATORY

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OFFICE USE ONLY


Doctor's Name \_\_\_\_\_

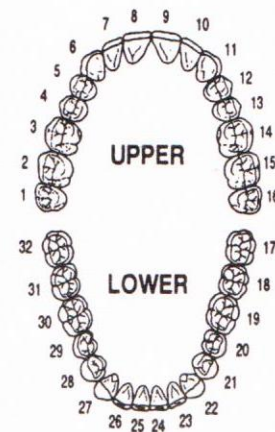
Patient's Name \_\_\_\_\_ Case Pan # \_\_\_\_\_

Age \_\_\_\_\_ Sex:  Male  Female

Imp. Date: \_\_\_\_\_ Due Date:  Try-In \_\_\_\_\_  Finish \_\_\_\_\_

SELECT CLASSIFICATION	FULL DENTURES	SHADE/MOULD PREF.
<input type="checkbox"/> Premium (Delara) <input type="checkbox"/> Economy (Artic) <i>*We will use Delara premium denture teeth unless specified.</i>	<input type="checkbox"/> Try-In <input type="checkbox"/> Finish <input type="checkbox"/> Reset <input type="checkbox"/> Immediate	Shade _____ Mould _____ <b>Acrylic shade:</b> <input type="checkbox"/> Standard <input type="checkbox"/> Light <input type="checkbox"/> Ethnic Light / Med / Dark
CAST PARTIAL FRAMES	ACRYLIC/DURAFLEX	MISCELLANEOUS
<input type="checkbox"/> Frame only <input type="checkbox"/> Frame try-in w/rim <input type="checkbox"/> Frame try-in w/teeth <input type="checkbox"/> Frame w/ flexible clasps	<input type="checkbox"/> Duraflex - No Metal <input type="checkbox"/> Duraflex/cast combo <input type="checkbox"/> Acrylic partial <input type="checkbox"/> Duraflex - Nesbit	<input type="checkbox"/> Night Guard - Printed <input type="checkbox"/> Night Guard - Hard <input type="checkbox"/> Night Guard - Hard/soft <input type="checkbox"/> Essix Retainer
Lab Use Only		

### Specific Instructions



\_\_\_\_\_  
Dentist's Signature

\_\_\_\_\_  
License No.

White - Lab Copy

Pink - Lab Office

Canary - Doctor's Copy