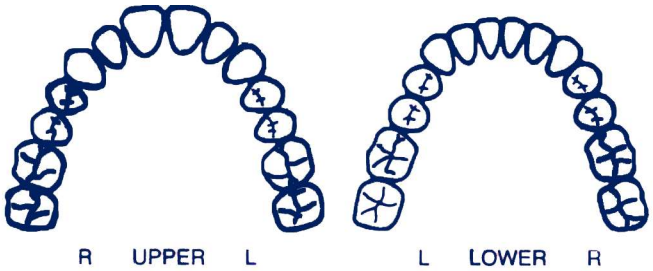
FLEXIBLE & METAL / ACRYLIC DENTURES

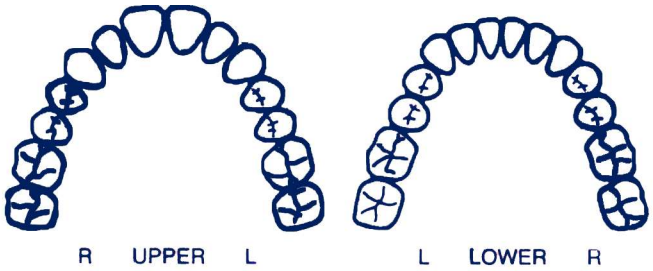
Dr.
Address
City Prov. PC
Phone ( )
Patient
Date Shipped
Date Required
Patient Booked Yes □ No □ Time: AM PM Date

FLEXIBLE PARTIALS



Special Notes:

CAST PARTIALS AND COMPLETE DENTURES



Special Notes:

Please circle teeth to be replaced

SHADE OF TEETH _____

Custom Tray ☐ **Up** ☐ **Lo**

Bite Block ☐ **Up** ☐ **Lo**

Try Ins are recommended on all Free End Partials

Try In (Framework Only) ☐ **Up** ☐ **Lo**

Try In (With Teeth) ☐ **Up** ☐ **Lo**

Special Instructions	

If you are out of Prescription forms you can download at www.classonedentallab.com

206 – 1415 Hunter Court Kelowna, BC V1X 6E6 250-765-0074 TOLL FREE BC 1-800-663-5369 classoneortho@shaw.ca