SHANTO DENTAL
CERAMICS

Removables Rx

Date: _____ Office Phone: _____

Doctor: _____

Patient: _____

Return Date: _____ Return Time: _____ AM _____ PM

(Rush dates not guaranteed without prior approval; charges may apply.)

Male ☐ Female ☐ Age _____

Arch:
- ☐ Maxillary
- ☐ Mandibular

Type of denture:
- ☐ Complete Denture
- ☐ Acrylic Partial
- ☐ Cast Metal Partial
- ☐ Valplast® / Cast Metal Partial
- ☐ Valplast® Partial
- ☐ Over Denture
- ☐ Implant Denture
- ☐ Immediate Denture

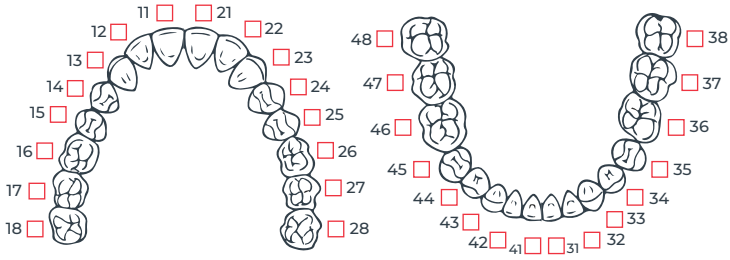
Procedure:
- ☐ Bite Block
- ☐ Try-in
  - ☐ Cast Partial
  - ☐ Teeth in Wax
- ☐ Hard Acrylic Reline
- ☐ Rebase
- ☐ Custom Tray
  - ☐ Perforated
  - ☐ Non-Perforated
- ☐ Acrylic Finish
- ☐ Soft Reline
- ☐ Repair

Retainers:
- ☐ Essix
- ☐ Bleaching Trays
- ☐ ThermoFlex Night Guard
- ☐ Sports Guard
- ☐ Hard Night Guard
- ☐ Dual Hard & Soft Night Guard

Teeth:
- ☐ Acrylic Premium
- ☐ Acyrlic Economy
- ☐ Other _____

Mold:
- ☐ Square
- ☐ Rectangular
- ☐ Triangular
- ☐ Ovoid

Shade:
- ☐ VITA Classic®
- ☐ VITA 3D-MASTER®
- ☐ Other _____



Notes:

Doctor's Signature: _____

License No: _____

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