VALLEY DENTAL ARTS

Removable Prosthetic Rx

Valley Dental Arts
1745 Northwestern Ave. • Stillwater, MN 55082 USA
651·439·2855 • Fax 651·439·9027
1·800·328·9157 • www.valleydentalarts.com

Dr. _____ Phone _____

Address _____

City _____ State _____ Zip _____

Date Mailed _____ Date Needed _____ Time Needed _____

Patient _____ Age _____

☐ Male ☐ Female ☐ Vigorous ☐ Medium ☐ Soft

Shade _____ ☐ Vita 3D ☐ Vita Classic ☐ Bioform ☐ Other

☐ Full Upper
☐ Full Lower
☐ Partial Upper
☐ Partial Lower
☐ Immediate Upper
☐ Immediate Lower
☐ Lingualized Occlusion
☐ Temporary
☐ Setup
☐ Finish
☐ Custom Tray
☐ Bite Blocks
☐ Surgical Tray
☐ Jump or Rebase
☐ Same Day Service
☐ Re-Line
☐ Repair
☐ Other:

FACIAL CHARACTERISTICS

Basic Face Form:
☐ Square
☐ Square Tapering
☐ Tapering
☐ Ovoid

Facial Asymmetry:
☐ Dominant Right
☐ Dominant Left
☐ Diastema

(Give name of manufacturer for materials and teeth)

TEETH:	Shade	Mold	Porcelain	Plastic
Anteriors:				
Posteriors:				
Acrylic Shade:				

DENTURE BASE

☐ Ivoclar Ivocap
☐ Lucitone 199
☐ Characterized Lucitone
☐ Soft Liner

PARTIALS

☐ Cast Framework
☐ Wrought Wire
☐ TCS Flexible
☐ Hybrid Flexible
☐ Flipper

☐ Please add identification on denture as follows

_____

☐ Exclude identification for the following reasons:

☐ Not esthetically acceptable ☐ Not clinically safe

Please Send: ☐ Mailing Boxes ☐ Authorization Forms ☐ Fee Schedule

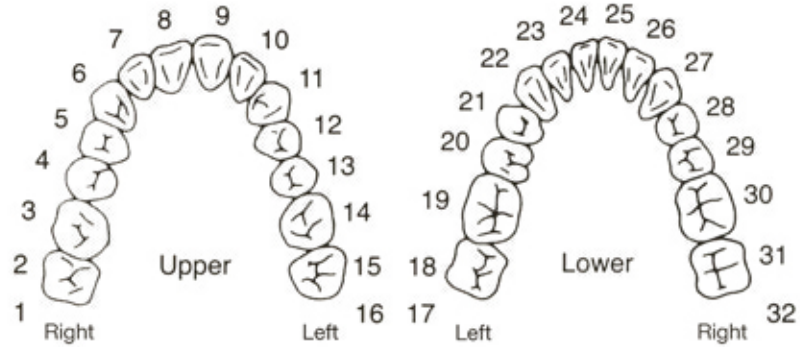
For Office Use

Pan # _____
Arrival Date _____
Due Date _____
Arrived With _____
Other _____

Return Dr.'s

☐ Models _____
☐ Tracers _____
☐ Tray _____
☐ Articulator _____
☐ Shade Guide _____
☐ Other _____

Additional Instructions



Doctor Sig. _____ Lic. # _____

I agree to be bound by the policies, terms and conditions set forth in the most recent booklet of Recommendations, Policies, Price Lists and Time Schedules received by me from Valley Dental Arts, including, but not limited to the provisions therein relating to the finance charge on past due accounts.