

REMOVABLE PROSTHETICS

Dr. has no preferences

DENTURES		6. PALATAL RELIEF DESIRED	12. NIGHTGUARD
1. TYPE OF CUSTOM TRAY <input type="checkbox"/> Acrylic* <input type="checkbox"/> Vacuum Formed <input type="checkbox"/> Perforated <input type="checkbox"/> Non-Perforated* 2. TYPE OF BASEPLATE <input type="checkbox"/> Acrylic <input type="checkbox"/> Vacuum Formed* <input type="checkbox"/> Shellac* 3. PROCEDURE FOR IMMEDIATE <input type="checkbox"/> Normal Trim* <input type="checkbox"/> No Trim of Cast <input type="checkbox"/> Surgical Tray 4. TYPE OF TEETH <input type="checkbox"/> Porcelain <input type="checkbox"/> Economy <input type="checkbox"/> Hardened Plastic* Cusp Degree: <input type="checkbox"/> 0% <input type="checkbox"/> 10% <input type="checkbox"/> 20% <input type="checkbox"/> 33% Other: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> As Outlined* 7. DENTURE BASE MATERIAL REQUESTED <input type="checkbox"/> Lucitone 199 <input type="checkbox"/> Ivocap - Injected Technique <input type="checkbox"/> Characterized Lucitone Other: _____ 8. TYPE OF FINISH <input type="checkbox"/> Festooned <input type="checkbox"/> Rugae <input type="checkbox"/> Stippled* <input type="checkbox"/> Smooth 9. PERIPHERAL ROLL <input type="checkbox"/> Full* <input type="checkbox"/> Medium <input type="checkbox"/> As Instructed 10. BLEACHING TRAYS <input type="checkbox"/> Spacer <input type="checkbox"/> Trimming <input type="checkbox"/> Regular <input type="checkbox"/> Scalloped* <input type="checkbox"/> Reservoir* 11. MOUTHGUARD <input type="checkbox"/> Proform Colored <input type="checkbox"/> Clear Other: _____	<input type="checkbox"/> Hard <input type="checkbox"/> ThermoGuard Other: _____ 13. DENTURE I.D. <input type="checkbox"/> Always <input type="checkbox"/> Upon Request*
		PARTIALS	
		1. PROCEDURE FOR PARTIALS <input type="checkbox"/> Doctor Design <input type="checkbox"/> Lab Design* 2. THICKNESS OF CLASPS DESIRED <input type="checkbox"/> Thin <input type="checkbox"/> Standard* <input type="checkbox"/> Heavy 3. TISSUE RELIEF REQUEST <input type="checkbox"/> Slight (30 GA) <input type="checkbox"/> Standard (24 GA)* <input type="checkbox"/> Heavy (Double Relief) 4. ADJUSTMENT OF OPPOSING <input type="checkbox"/> Call Doctor <input type="checkbox"/> Adjust Opposing*	

* DENOTES OUR LAB STANDARD

ADDITIONAL COMMENTS: _____

Completed Preference Guide may be faxed to the lab (603-624-5677) or forwarded to the lab with your next case.

