



ProsDental^{INC.}

5005 Newport Dr. Suite 203, Rolling Meadows, IL 60008
www.prosdentallab.com / info@prosdentallab.com
Tel: 847-597-0000

Case Pan No. _____

Dr. _____

Address _____

City _____ State _____ Zip _____

Patient's Name _____

by 5pm / Due Date _____

Phone # _____ M F Age _____

REMOVABLE

PARTIAL DENTURE

- Upper Lower
- Design Only
- Try-in
- Finish
- Cast Partial Denture
- Flexible Denture
- Flipper with Wire Clasp
- Cusil Denture
- Wrought wire Clasp Denture
- Conventional Processing
- Ivo-cap Processing
- Premium Teeth
- Regular Teeth
- Major Connector _____
- Clasp Type _____
- Flexible Clasp
- Clear Pink
- Replace Tooth
- # _____
- Whole Missed Area

Tooth Color Clasp
Shade _____

SHADE Tooth _____
Tissue _____

DENTURE

- Upper Lower
- Try-in Finish
- Full Denture
- Immediate Denture
- Hybrid Denture
- Conventional Processing
- Ivo-cap Processing
- Premium Teeth
- Regular Teeth
- Metal Substructure
- Occlusal Rim
- SHADE Tooth _____
- Tissue _____

SURGICAL STENT

- Upper Lower
- Vacuum Form
- Processed Acrylic
- Essix
- Clear Teeth
- Clear Base

Drilled Tooth

W/ Metal Sleeve Tooth

W/ Gutta Percha Tooth

NIGHT GUARD

- Upper Lower
- Soft/Hard Type
- Hard Type

REPAIR

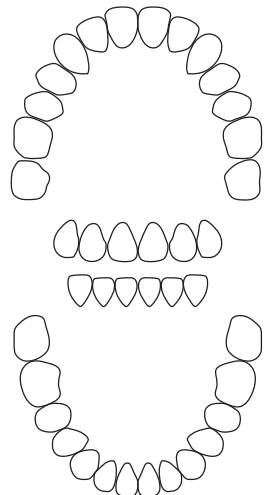
- Upper Lower
- Fracture/Crack
- Add Teeth
- Welding
- Add Clasp
- Add Reinforcement
- Reline (hard/soft)
- Rebase

ENCLOSED

- Impression
- Bite
- Study Model
- Articulator
- Opposing
- Partials/Denture
- Impression Coping
- Implant Part: _____

Photos:
 Web Prints
 USB E-mail

NOTE



Signature _____ Date of _____ Dentist's License # _____