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 www.obriendentalab.com

Doctor _____ Date _____

Patient _____ Sex _____ Age _____

Finish Date _____

Full Denture

Setup: Ideal Try-In Finish Reset
 Posterior Tooth Degree: 0° 15° 22° 33°
 Shade: _____ Mold: _____
 Type: Standard IPN Custom Denture
 Essentials: Base/Bite ECB Blue Line
 Immediate: Upper Lower Duratone
 ALA Reading _____ mm
 Papillameter _____ mm
 CALL ME
 Complexion: Fair Medium Bold
 Photo: Attached E-mailed

Partial Denture

Upper Frame Only Frame w/Bite Block
 Lower Frame w/Setup for Try-In Frame Finished

Implants/Attachments

Lab design: Treatment Plan Price Quote
 Brand _____ Qty _____ Diameter _____
 Cementable Screw Retained Locator ERA VKS Hader
 Other _____

Implant Parts Inventory

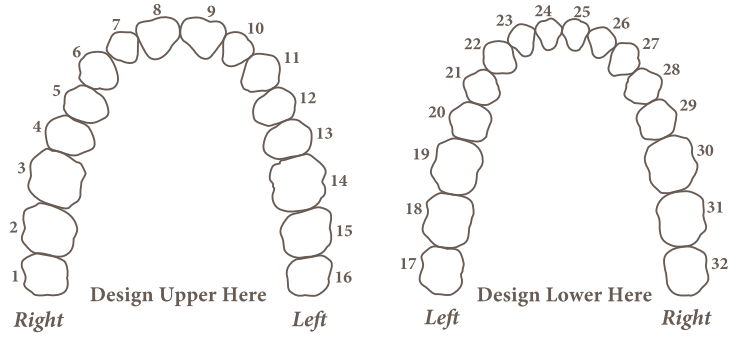
	Qty		Qty
Impression Post	_____	Abutment	_____
Cylinder	_____	Analog/Replica	_____
Lab Screw	_____	Surgical Stent	_____
Prosthetic Screw	_____	Other	_____

Splints

Thermo-Splint' Hard Face Thermo-Splint Classic
 Thermo-Splint Custom Fit Hard Splint
 O'Brien MPA™ (Snore Guard)

Related Products & Services

Custom Tray Wax Record Base Reline Repair Jump



Special Instructions



Doctor Signature _____

License Number _____