



4104 N. FREEWAY BLVD. • SACRAMENTO, CA 95834
 (916) 830-7327 • (800) 786-8848
 (916) 830-3769 (FAX)

RX DATE _____	<input type="checkbox"/> FINISH	DUE DATE _____	<input type="checkbox"/> BY NOON
	<input type="checkbox"/> FRAME TRY-IN		<input type="checkbox"/> BY 5:00 PM
	<input type="checkbox"/> SET-UP TRY-IN		_____

DUE DATE OK'D BY _____

DOCTOR _____ PHONE _____

ADDRESS _____ CITY _____

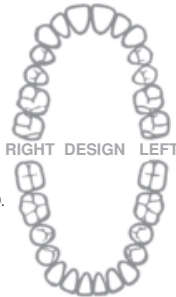
PATIENT FIRST NAME _____ STATE _____ ZIP _____

LAST NAME _____ AGE _____ M F
 (PRINT CLEARLY)

PARTIAL DENTURES

- CUSTOM TRAY UP LOW
- CAST FRAME UP LOW
- BITE BLOCK UP LOW
 - ESTHETI-CLASP DESIGN
 - ADD RESIN CLASPS # _____
- METAL-FREE PARTIAL UP LOW
 - REPLACE TEETH # _____
- SET-UP FOR TRY-IN UP LOW
 - PREMIUM TEETH _____
 - ECONOMY TEETH _____
- PROCESS & FINISH UP LOW
 - STANDARD ADD PATIENT I.D. NO PATIENT I.D.

SHADE



DENTURES

- CUSTOM TRAY UP LOW
- BITE BLOCK UP LOW
- SET-UP FOR TRY-IN UP LOW
 - PREMIUM TEETH _____
 - ECONOMY TEETH _____
- DENTURE FINISH UP LOW
 - 199 ECONOMY
 - STANDARD ADD PATIENT I.D. NO PATIENT I.D.

SPLINTS-SPORTSGUARDS-RETAINERS

- NIGHTGUARD-SPLINT UP LOW
 - CLEAR SPLINT - HARD THERMOPLASTIC
 - HARD ACRYLIC
 - ADD BALL CLASPS # _____
 - BIOSTAR HARD-SOFT
- SPORTS GUARD _____
- BLEACHING TRAY UP LOW
- HAWLEY RETAINER UP LOW
- INVISIBLE RETAINER UP LOW
- SLEEP DISORDER DEVICE _____

STAYPLATES

- STAYPLATE UP LOW
 - REPLACE TEETH # _____
 - BALL CLASP # _____ NONE
 - C CLASP # _____
 - SET-UP FOR TRY-IN FINISH

FOR LAB USE ONLY

INVENTORIED BY _____ DATE _____ TIME _____

IMPRESSIONS

- ALGINATE _____ UP _____ LOW
- VPS _____ UP _____ LOW
- IMPLANT _____ UP _____ LOW

MODELS

- WORKING MODEL _____ UP _____ LOW
- IMPLANT MODEL _____ UP _____ LOW
- STUDY MODEL _____ UP _____ LOW
- OPPOSING _____ UP _____ LOW

ARTICULATOR _____ BDL _____ DRS
 TYPE _____

DENTURE CASE IN PROGRESS

- BITE _____ UP _____ LOW
- SET-UP _____ UP _____ LOW

PARTIAL DENTURE CASE IN PROGRESS

- FRAME _____ UP _____ LOW
- FRAME & BITE _____ UP _____ LOW
- SET-UP _____ UP _____ LOW

PROSTHETIC / APPLIANCE

- PARTIAL _____ UP _____ LOW
- DENTURE _____ UP _____ LOW
- STAYPLATE _____ UP _____ LOW
- IMPLANT STENT _____ UP _____ LOW
- SPLINT _____ UP _____ LOW
- SLEEP DEVICE _____ UP _____ LOW
- ORTHO APPL. _____ UP _____ LOW
- _____ UP _____ LOW
- CROWN-BRIDGE _____

OTHER INVENTORY

- IMPLANT PARTS _____
- _____
- TEETH _____
- X-RAYS _____
- PHOTOS _____
- ATTACHMENTS _____

Instructions for use:

If you would like to send this to Brabants in an e-mail

- Go to FILE and then Print
- Under your printer options, select Print to PDF Adobe
- Attach to your email and send
- Buttons below will not print ***

SIGNATURE _____ LICENSE# _____

THIS IS YOUR AUTHORIZATION PURSUANT TO THE PROVISIONS OF ARTICLE II OF THE DENTAL PRACTICE ACT OF THE STATE OF CALIFORNIA TO CONSTRUCT, ALTER OR REPAIR THE DENTAL RESTORATION DESCRIBED.

PLEASE SEND RX'S REMOVABLE RX'S C & B RX'S COSMETIC RX'S ORTHODONTIC BAGS BOXES LABELS