

Doctor _____ Patient _____
Address _____ Age _____ Sex : Male Female
City _____ St _____ Zip _____ Dexterity : Good Compromised
Phone _____ Medications _____

Date Sent _____ Try-In _____ Due Date _____

Please send : RX Forms Mailing Boxes Other _____
Enclosed with case : Impressions Models Bite Photos Other _____
**Please email photos to : photos@deutschlab.com*

COMPLETE AND PARTIAL PROSTHETICS

Case Design

- Flexible Partial Upper Flexible Partial Lower
 Full Upper Partial Upper
 Full Lower Partial Lower
 Cusil Denture Jump Denture
 Other _____

- Reline Repair
 Custom Tray Surgical Tray
 Bite Block Post Dam
 Relief Altered Cast
 Pin Tracer ECB

- Please exclude identification
 Please mark denture for ID purposes as :

Facial Characteristics

- Dominant right side Papillameter _____
 Dominant left side
 Diastema Alameter _____

Clinician Expectations

SET UP CHARACTERIZATIONS :

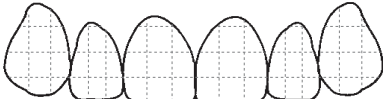
- Bold Female Male
Not Bold Female Male
End-to-End /
Class III /
Class II - Div 2 Female Male
Other _____

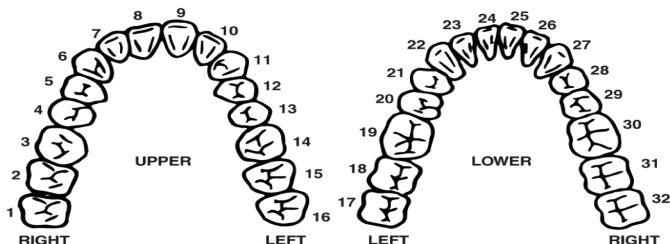
Esthetic Rendition Gingival Tissue Simulation™

TISSUE STATUS AGE RELATED :

- Younger Older

DESIGN & SHADE

Shade _____ 



IMPLANTS

- DRB Deutsch Removable Bridge Implant Manufacturer _____
 Telescopic Partial Implant Diameters _____

CAD / CAM Milled Titanium Bars

Type

- Marius Bridge Email Preliminary Design?
 Fixed Dental Prosthesis (Screw retained "Hybrid") Yes No
 Overdenture Milled Bar with attachments Email Address : _____
 Verification Jig & C-Tray _____

ADDITIONAL INSTRUCTIONS

DOCTOR PLEASE RETAIN DUPLICATE COPY

Signature _____

License Number _____ State _____