

601 N. Congress Ave, Suite 111, Delray Beach, FL 33445

At t N: \_\_\_\_\_ Acc OUNt #: \_\_\_\_\_

Rx Date \_\_\_\_\_ Due Date \_\_\_\_\_

NOTE: If no due date is assigned, a standard due date will be applied.

DR. NAME/ADDRESS \_\_\_\_\_ PATIENT NAME \_\_\_\_\_

DR. PHONE \_\_\_\_\_ PATIENT APPT. DATE \_\_\_\_\_

DR. EMAIL \_\_\_\_\_ SEX: M/F \_\_\_\_\_ AGE: \_\_\_\_\_

SIGNATURE OF DENTIST (Required) \_\_\_\_\_ DENTIST LICENSE# \_\_\_\_\_

Person signing this authorization accepts sole responsibility for payment and agrees to pay all legal and collection costs in the event of suit, including reasonable fees.

DESIRED AR T I C U L A T O R    Stratos 100    Acculiner    Other

Instructions: Call Me (Before Proceeding With Case)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

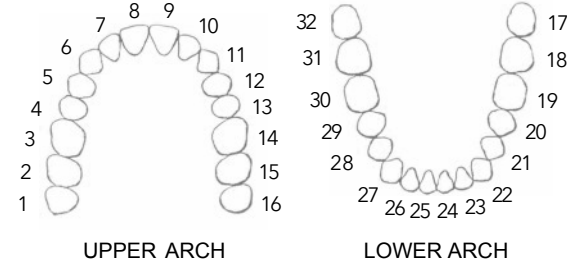
**PLEASE SEND**  
Rx's  
FedEx Airbills  
UPS Airbills  
Boxes

**FOR LAB USE**

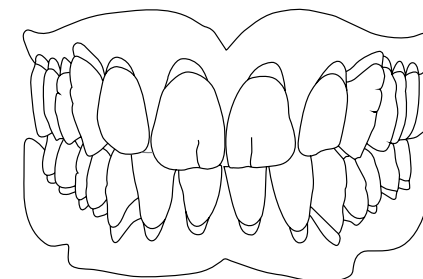
forms available at

**Removables Rx**


Photo Communication  
Full Face Profile    Repose/Rest    Intra Oral  
Photos Included    CD/Memory Stick Included  
Images Emailed to photos@petersondentallab.com



**CHARACTERIZATION NOTES**



**PAPILLAMETER**



High Lip Line \_\_\_\_\_mm  
Low Lip Line \_\_\_\_\_mm

**ANTERIOR TEETH**

Mold \_\_\_\_\_  
Shade \_\_\_\_\_

Ar r a n g e m e n t  
Bold    Soft    Straight

**POSTERIOR TEETH**

0°            22°  
15°           33°

Mold \_\_\_\_\_

**ESSIX APPLIANCE**

Shade \_\_\_\_\_  
Tooth # \_\_\_\_\_

**Complete Prosthetics**  
Complete Denture  
Includes custom tray, baseplate, occlusal rim, set-up, standard denture teeth, process and finish. Invoce stages include impression/records, setup, and finish.

**Partial Prosthetics**  
Includes custom tray, occlusal rim, set-up, wax-up, two gingival base colors, Ivocap processing, standard denture teeth, process and finish. Billing stages include impression/records, setup, and finish.

VisiClear Partial Denture  
DuraAcetal Flexible Partial  
Cast Partial/Dental-D Clasp  
Cast Partial/Valplast Clasp  
Valplast Partial Denture  
Acrylic Partial Denture

**Miscellaneous**  
Bleach Tray  
Mouthguard Soft (Pressure Formed)  
Mouthguard Hard/Soft (Pressure Formed)

**Bit Registration**  
CR Centric Relation  
Neuromuscular/Myocentric  
CO Centric Occlusion  
Other \_\_\_\_\_

Framework Try-In  
Framework/Teeth Try-In  
Finish  
Spot Opposing  
Wax Occlusal Rim on Frame