

	HIGH TECH - SAVO	DIR - FIABILITÉ ——				
Please Send: □RXp	oads	Shipping box	es N	Mailing labels		
Shade:						
COMPLETE DENTUR	ES	ACR'	YLIC PAF	TIALS		
 Custom Tray Bite Block Set-up for try in Process & finish Economy teeth Premium teeth 		☐ Flipper	sps includ 4 teeth n	led) o clasps)		
Check list: □ Midline marked □ High lip line marked						
CAST PARTIALS						
CAST PARTIAL UPPER	CAST PARTIAL LOWER					
Palatal Strap A-P palatal strap Horse shoe plate Full metal palate Lab select	Lii	ngual plate ngual bar ennedy bar ab select	Frai	ntom Tray me try in crim Try in th try in		
DESIGN CASE HERE						
UPPER			LOWER			

RX Date:	Due Do	ate:			
Doctor:		Phone:			
Address:					
Patient:		Age:	Sex:		
Have you include ☐ Impressions ☐ Bit		□ Shade □ Pre-op study	model		
NIGHT GUARDS Hard Hard-Soft Thermoplastic		ADDITIONAL SERVIC	ES		
RX INSTRUCTIONS	S	□ Call Doctor			
HIGH	VIPI	/OIRFIABILITÉ	AB		
Doctor's Signature					