

# DENTURES, PARTIALS & SPLINTS

*\*Standard if no selection is made*

## DIGITAL DENTURES\* From either your analog impressions or digital scans

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| <ul style="list-style-type: none"> <li><input type="checkbox"/> Custom Trays</li> <li><input type="checkbox"/> Bite Blocks</li> <li><input type="checkbox"/> Monoblock Try-In</li> <li><input type="checkbox"/> Reset Monoblock and Complete Denture</li> <li><input type="checkbox"/> Reset Monoblock and ReTry-In</li> <li><input type="checkbox"/> Final Denture - No Monoblock Try-In</li> <li><input type="checkbox"/> Final Denture from Try-In, No Changes</li> <li><input type="checkbox"/> From Existing Denture - Same Day Scan</li> </ul> | <p>Digital Denture Options:</p> <p>Teeth:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 3D Printed Teeth*    <input type="checkbox"/> IPN Denture Teeth</li> </ul> <p>Tooth Set-Up:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Ideal*                      <input type="checkbox"/> Follow Study Model</li> </ul> <p>Lucitone 199™ Denture Base Shade*:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Original Pink*            <input type="checkbox"/> Dark Reddish</li> <li><input type="checkbox"/> Characterized (additional charge)</li> <li><input type="checkbox"/> Duplicate Denture</li> <li><input type="checkbox"/> Name in Denture</li> </ul> |
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## CONVENTIONAL DENTURES

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| <ul style="list-style-type: none"> <li><input type="checkbox"/> Custom Tray</li> <li><input type="checkbox"/> Bite Blocks</li> <li><input type="checkbox"/> Set-Up for Wax Try-In</li> <li><input type="checkbox"/> Immediate Try-In</li> <li><input type="checkbox"/> Set-Up, Process &amp; Finish Denture</li> <li><input type="checkbox"/> Process &amp; Finish Final Denture</li> <li><input type="checkbox"/> Immediate Set-Up, Process &amp; Finish</li> </ul> | <p><b>Conventional Denture Options:</b></p> <p>Teeth:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Premium*    <input type="checkbox"/> Economy    <input type="checkbox"/> Porcelain</li> </ul> <p>Denture Base Shade:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Light*            <input type="checkbox"/> Medium            <input type="checkbox"/> Ethnic</li> </ul> <p>Tooth Set-Up:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Ideal*            <input type="checkbox"/> Follow Study Model</li> <li><input type="checkbox"/> Soft Gaskets (Indicate gasket areas)</li> <li><input type="checkbox"/> Name in Denture</li> </ul> |
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## PARTIAL DENTURES

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| <ul style="list-style-type: none"> <li><input type="checkbox"/> Acrylic Partial             <ul style="list-style-type: none"> <li><input type="checkbox"/> Wrought Wire Clasps*</li> <li><input type="checkbox"/> Ball Clasps</li> <li><input type="checkbox"/> Itsoclar Clasps</li> </ul> </li> <li><input type="checkbox"/> TCS™ Flexible Resin Partial             <ul style="list-style-type: none"> <li><input type="checkbox"/> Clear Clasps</li> <li><input type="checkbox"/> Cast Clasps</li> </ul> </li> <li><input type="checkbox"/> Wironium™ Framework             <ul style="list-style-type: none"> <li><input type="checkbox"/> Survey &amp; Design Only</li> <li><input type="checkbox"/> with Occlusion Rims</li> <li><input type="checkbox"/> with Teeth Set-Up for Try-In</li> <li><input type="checkbox"/> with Teeth Set-Up for Immediate</li> <li><input type="checkbox"/> with Teeth Processed and Finished</li> <li><input type="checkbox"/> Cast Base for Denture</li> </ul> </li> </ul> | <p><b>Partial Framework Options:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Swinglock Partial</li> <li><input type="checkbox"/> D.E. Hinge</li> <li><input type="checkbox"/> Horseshoe</li> <li><input type="checkbox"/> Palatal Strap            <input type="checkbox"/> A-P Strap</li> <li><input type="checkbox"/> Lingual Bar              <input type="checkbox"/> Lingual Apron</li> <li><input type="checkbox"/> Kennedy Bar</li> <li><input type="checkbox"/> Strengthen Bar</li> <li><input type="checkbox"/> Metal Pontics</li> <li><input type="checkbox"/> Gold Partial</li> </ul> |
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## SPLINTS / OTHER All Splints are BPA Free

- |   |  |
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| <ul style="list-style-type: none"> <li><input type="checkbox"/> Hard Splint (cad printed)</li> <li><input type="checkbox"/> ThermoFlex / Flexi-Splint (cad printed)</li> <li><input type="checkbox"/> Hybrid Splint (hard outside / soft inside)</li> <li><input type="checkbox"/> New Style Splint (soft mouthguard material)</li> <li><input type="checkbox"/> NTI Type Splint</li> <li><input type="checkbox"/> Essix Retainer or Provisional Stent</li> </ul> | <p><b>Splint Options:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Printed Duplicate Splint<br/>(for cad printed splints only)</li> <li><input type="checkbox"/> Ball Clasps</li> </ul> |
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# GNATHODONTICS, LTD.

10488 West 6th Place • Lakewood, CO 80215  
800-234-9515 or 303-424-9515 • Fax 303-424-1458

Doctor Name \_\_\_\_\_ Lic # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

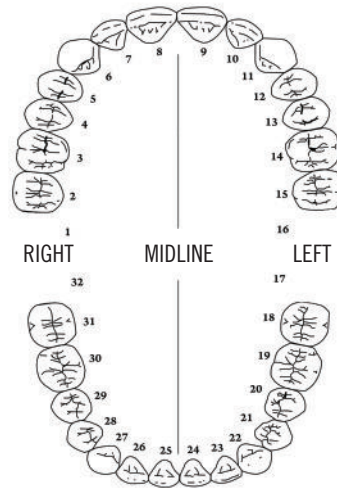
Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Patient Name \_\_\_\_\_ Age \_\_\_\_\_  Male  Female

Return by \_\_\_\_ / \_\_\_\_ / \_\_\_\_  AM (before noon)  PM (before 5pm)

- Upper Shade \_\_\_\_\_
- Lower \_\_\_\_\_
- Both Mould \_\_\_\_\_

### Instructions



- |                            |  |
|----------------------------|--|
| <p><b>PLEASE SEND:</b></p> | <p>Prescriptions:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Removable</li> <li><input type="checkbox"/> Fixed</li> <li><input type="checkbox"/> Implants</li> <li><input type="checkbox"/> Ortho</li> </ul> <p>Supplies:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Boxes/Bags</li> <li><input type="checkbox"/> Shipping Labels</li> </ul> |
|----------------------------|--|

Signature Of Dentist \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

*Payment for laboratory work is due 30 days after the invoice date. A service charge of 1.5% per month will be charge on past due accounts. Accounts with balances over 60 days will be automatically place on COD.*

LABORATORY WORK AUTHORIZATION