



Dental Crafters®

REMOVABLE PRODUCTS

1000 Corporate Drive • P.O. Box 770 • Marshfield, WI 54449
(715) 387-2642 • 800-472-8302 • Fax (715) 387-4100
www.dentalcrafters.net

PLEASE DO NOT COUNT SATURDAYS, SUNDAYS, HOLIDAYS, OR DAYS IN TRANSIT AS WORK DAYS.

PARTIAL

Upper Lower
 Wironium Frame
 Base Plates/Bite Rims
 Set-up Teeth
 Balanced
 Lingualized
 Flat Plane
 Process

Partials
 Flexible Partials
 Forti-flex
 Ultra-flex
 DC-flex
 Wrought Wire
 Cast Frame

DRAW DESIGN OF RPD

Clasp Design

G-Type Ackers Clasp Back Action Double Embrasure Ring Type I Bar, T Bar or Y Bar

DENTURE

Upper Lower
 Base Plates/Bite Rims
 Intra-Oral Pin Tracer
 Neutral Zone Base
 Process
 Set-up Teeth
 Balanced
 Lingualized
 Flat Plane

Temporary Provisionals
 Traditional Temporary

Dentures
 Traditional Classic

Grade
 Premium Standard

Mold _____
 Shade _____

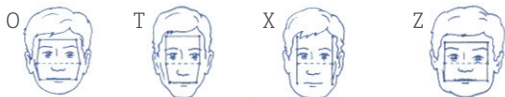
REQUIRED INFORMATION

Composition Plastic Porcelain Bleach
Porcelain and Bleach are special orders only

Alameter _____ Papillameter _____

Male Female Age _____

Circle The Appropriate Shape



OTHER

Clear Splint/Flex Nightguard Space Maintainer
 NTI Appliance Custom Tray
 Lingual Retainer 3D Reline
 Essex Retainer Diagnostic Orthotic
 Hawley Retainer
 Clear Retainer Tap® Snoring Appliance
 Athletic Mouth guard D-SAD® Snoring Appliance
 Bleach Tray

IMPLANT SURGICAL GUIDING SYSTEMS

Diagnostic Placement Stint / No CT Required
 CT Guided Diagnostic Placement Stint / CT Required

_____ (Type of System)

DATE NEEDED _____

TIME _____

Lab Use Only

PAN# _____

Patient Name _____

Doctor _____

Address _____

City, State, Zip _____

Phone _____

Email _____

Lab Use Only

CALLED DOCTOR _____
(Initial)

PRINT PATIENT NAME

INSTRUCTIONS

Please Send: BOXES LABELS Rx FORMS

UPS DENTURES
 SPEE-DEE CROWN & BRIDGE
 FED EX IMPLANT SOLUTIONS
 USPS

Signature _____

License No. _____

Lab Use Only