



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

Dental Crafters

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

DATE NEEDED _____

TIME _____

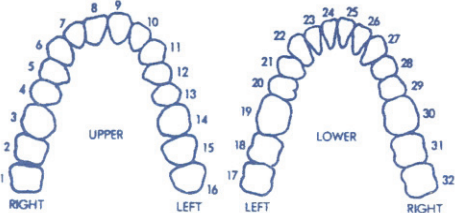
Lab Use Only

PAN# _____

PARTIAL

- Upper Lower
 Wironium Frame
 Base Plates/Bite Rims
 Set-up Teeth
 Balanced
 Lingualized
 Flat Plane
 Process
- Partials
 Flexible Partials
 Forti-flex
 Ultra-flex
 Thermoflex (NEW)
 Wrought Wire
 Cast Frame

DRAW DESIGN OF RPD



Clasp Design

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

Patient Name _____

Doctor _____

Address _____

City, State, Zip _____

Phone _____

Email _____

Lab Use Only

CALLED DOCTOR _____
(Initial)

PRINT PATIENT NAME

INSTRUCTIONS

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
 Digital Temporary (NEW)
- Dentures
 Traditional Classic
 Digital Zirconia (NEW)
- Grade Premium Standard Economy
 Mold _____
 Shade _____

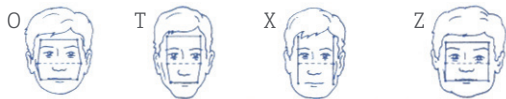
REQUIRED INFORMATION

- 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 IST Snoring Appliance
 Athletic Mouth guard Tap® Snoring Appliance
 Bleach Tray D-SAD® Snoring Appliance (NEW)

IMPLANT SURGICAL GUIDING SYSTEMS

- Diagnostic Placement Stint / No CT Required
 CT Guided Diagnostic Placement Stint / CT Required
 _____ (Type of System)

Please Send:

<u>BOXES</u>	<u>LABELS</u>	<u>Rx FORMS</u>
<input type="checkbox"/> SMALL	<input type="checkbox"/> UPS	<input type="checkbox"/> DENTURES
<input type="checkbox"/> LARGE	<input type="checkbox"/> SPEE-DEE	<input type="checkbox"/> CROWN & BRIDGE
	<input type="checkbox"/> FED EX	
	<input type="checkbox"/> USPS	

Signature _____

License No. _____