Kuwata Pan Dent
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email: kpd@KuwataPanDent.com

Doctor's Name _____

Phone _____

Patient (Last) _____ (First) _____

Due Date _____

Please print clearly

Please send:
❑ Fixed Rx ❑ Removal Rx ❑ Boxes ❑ Shipping labels ❑ Safe-Seal bags

Note: Deliveries will be made by 5:00 PM on the date requested.

Denture
❑ Set Up
❑ Finish
___ Smooth
___ Stippling

Reline
❑ Hard
❑ Soft

Night Guard
❑ Clasp
❑ No clasps
❑ Hard
❑ Soft

Other
❑ Custom tray
❑ Bite rim
❑ Surgical stent
❑ Rebase
❑ Repair*

Overdenture
❑ with cast bar
❑ with attachment

Hybrid Alloy
❑ Noble
❑ Gold
❑ Titanium

CHECKLIST:
❑ Midline marked
❑ High lip line marked
❑ Study model
❑ Patient prefers:
___ ideal ___ characterized

DENTURE OPTIONS

ACRYLIC SHADE

Lucitone 199
❑ Original (standard)
❑ Light
❑ Light reddish pink
❑ Dark pink

Ivocap
❑ Original
❑ Light
❑ Meharry

TEETH

Brand _____
Shade _____
Mould _____

PROVISIONALS

Abutments _____
Pontics _____
Shade _____
Total Units _____
❑ splinted ❑ single

FLIPPER

Shade _____
❑ clasp ❑ no clasp

PARTIAL DESIGN

❑ **cast** ❑ **flexible**
❑ frame try in ❑ set up
❑ frame & bite block ❑ finish

ATTACHMENT

❑ resilient ❑ rigid
❑ specific

Clasp Type	Tooth # (s)

MAJOR CONNECTOR

❑ lab select ❑ palatal strap
❑ lingual bar ❑ horseshoe
❑ double bar ❑ lingual apron
❑ other _____

Rests	Tooth # (s)
❑ mesial	
❑ distal	
❑ cingulum	

** Rush charge applies for same or next-day service*

ENCLOSURES

We are not responsible for inventory not documented here.

	QTY.
Analogs	____
Articulator	____
Bite	____
Bite block	____
Casting(s)	____
Counter	____
Cu band	____
Custom abut.	____
Cylinders	____
Die(s)	____
Face bow	____
Guide pins	____
Impression	____
Imp. copings	____
Model	____
P & C	____
Photos	____
Photos on disk	____
Screw	____
Shade tab	____
Study model	____
Transfer coping	____

SPECIAL INSTRUCTIONS: