

Doctor's Name _____

Phone _____

Patient (Last) _____ (First) _____

Due Date _____

Please print clearly

Kuwata Pan Dent

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email: kpd@KuwataPanDent.com



Please send:

- Fixed Rx
- Removable Rx
- Boxes
- Shipping labels
- Safe-Seal bags



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

CHECKLIST

- Midline marked
- High lip line marked
- Study model
- Patient prefers:
 - _____ ideal
 - _____ characterized

Denture

- Set Up
- Finish
 - _____ Smooth
 - _____ Stippling

Reline

- Resilient
- Thermoplastic

Night Guard

- Clasp
- No Clasps
- Hard
- Soft

Other

- Custom Tray
- Bite rim
- Surgical stent
- Rebase
- Repair*

Overdenture

- with cast bar
- with attachment

DENTURE OPTIONS

ACRYLIC SHADE

- Ivoclar**
- Original
 - Lighty
 - Meharry

TEETH

Brand _____

Shade _____

Mould _____

PROVISIONALS

Abutments _____

Pontics _____

Shade _____

Total Units _____

- splinted
- single

FLIPPER

Shade _____

- clasp
- no clasp

PARTIAL DESIGN

- cast
- frame try in
- frame & bite block
- flexible
- set up
- finish

ATTACHMENT

- resilient
- specific
- rigid

Clasp Type

Tooth # (s)

MAJOR CONNECTOR

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

Rests

Tooth # (s)

- mesial
- distal
- cingulum

* Rush charge applies for same day 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. _____
- Cylinder _____
- 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