

Doctor's Name _____
 Phone _____
 Patient (Last) _____ (First) _____
 Due Date _____

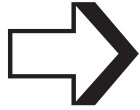
Please print clearly

Kuwata Pan Dent
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 email: kpd@KuwataPanDent.com



Please send:

- Fixed Rx
- Removal 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	Reline	Night Guard	Other
<input type="checkbox"/> Set Up <input type="checkbox"/> Finish ___ Smooth ___ Stippling	<input type="checkbox"/> Resilient <input type="checkbox"/> Thermoplastic	<input type="checkbox"/> Clasp <input type="checkbox"/> No clasps <input type="checkbox"/> Hard <input type="checkbox"/> Soft	<input type="checkbox"/> Custom tray <input type="checkbox"/> Bite rim <input type="checkbox"/> Surgical stent <input type="checkbox"/> Rebase <input type="checkbox"/> Repair*

Overdenture
<input type="checkbox"/> with cast bar <input type="checkbox"/> with attachment

DENTURE OPTIONS
ACRYLIC SHADE
Ivocap
<input type="checkbox"/> Original <input type="checkbox"/> Light <input type="checkbox"/> Meharry

PARTIAL DESIGN	
<input type="checkbox"/> cast <input type="checkbox"/> frame try in <input type="checkbox"/> frame & bite block	<input type="checkbox"/> flexible <input type="checkbox"/> set up <input type="checkbox"/> finish
ATTACHMENT	
<input type="checkbox"/> resilient <input type="checkbox"/> specific	<input type="checkbox"/> rigid

ENCLOSURES	
We are not responsible for inventory not documented here.	
	QTY.

SPECIAL INSTRUCTIONS:

TEETH
Brand _____
Shade _____
Mould _____

Clasp Type	Tooth # (s)

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	_____

PROVISIONALS
Abutments _____
Pontics _____
Shade _____
Total Units _____
<input type="checkbox"/> splinted <input type="checkbox"/> single

MAJOR CONNECTOR	
<input type="checkbox"/> lab select <input type="checkbox"/> lingual bar <input type="checkbox"/> double bar <input type="checkbox"/> other	<input type="checkbox"/> palatal strap <input type="checkbox"/> horseshoe <input type="checkbox"/> lingual apron

FLIPPER
Shade _____
<input type="checkbox"/> clasp <input type="checkbox"/> no clasp

Rests	Tooth # (s)
<input type="checkbox"/> mesial	
<input type="checkbox"/> distal	
<input type="checkbox"/> cingulum	

* Rush charge applies for same or next-day service