



Denture Crafters

Natures Replacement

1132 S. W. Luttrell Rd., Suite C, Blue Springs, MO 64015

816-224-2322

www.denturecrafters.net

Dr's Signature _____ DDS/DMD License# _____

Dentist's Name _____ Address _____

Patient's Name _____ Date _____

Upper: (Circle one)

Full / Partial: Acrylic Cast Flexible

Lower: (Circle one)

Full / Partial: Acrylic Cast Flexible

Teeth: Shade _____ Economy (New Hue/Uhler) will be used unless marked.

_____ Standard (Kenson) _____ Premium (Mondial/IPN)

Acrylic: Vynacron Pink will be used unless Ethnic/Luc is marked.

Ethnic Base: (Circle one) Dark Extra Dark

Lucitone 199/Vynapak _____ (Additional charge of \$12.00 per unit if used on economy/standard cases)

Immediate: Yes / No **Teeth to be extracted** _____

Try-in: Teeth Set In Wax _____ Baseplate & Rim _____ Custom Tray _____

Frame only _____ Wax Rim _____

Process & Finish: (NO TRY-IN) _____ **Prosthetic ID** as follows _____

Repair (tooth#'s) _____ Fracture: _____

Relines: (circle one) Hard / Soft / Rebase **NightGuard:** (circle one) Astron / Hard / Soft /Dual

Date wanted in your Office _____ Case will be delivered by the end of day on due date.

Special Instructions:

