



**ABSOLUTE ACRYLICS**  
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**DUE DATE:** \_\_\_\_\_  
**TIME DUE:** \_\_\_\_\_  
**TODAY'S DATE:** \_\_\_\_\_

Please follow our delivery schedule.

**DOCTOR'S NAME:** \_\_\_\_\_ **PATIENT'S NAME:** \_\_\_\_\_

<p style="text-align: center;"><b><u>DENTURES</u></b></p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> <input type="checkbox"/> Max      <input type="checkbox"/> Mand     </div> <input type="checkbox"/> Standard <input type="checkbox"/> Immediate <input type="checkbox"/> Premium <input type="checkbox"/> Signature* <i>*Call for details</i> <div style="text-align: right; font-size: small;">       forever  <b>deventure</b>        your FOREVER smile     </div> <hr/> <p style="text-align: center;"><b><u>TISSUE SHADE</u></b></p> <input type="checkbox"/> Original <input type="checkbox"/> Dark Red Pink <input type="checkbox"/> Light Pink* <input type="checkbox"/> Original Opaque <input type="checkbox"/> Light Red Pink <input type="checkbox"/> Send Shade Guide <i>*Preferred standard shade</i> <hr/> <p style="text-align: center;"><b><u>FINISH</u></b></p> <p style="text-align: center; font-size: x-small;"><i>Signature Series or Premium Only</i></p> <input type="checkbox"/> Smooth <input type="checkbox"/> Characterized <input type="checkbox"/> Stippling <input type="checkbox"/> Rugae	<p style="text-align: center;"><b><u>PARTIAL</u></b></p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> <input type="checkbox"/> Max      <input type="checkbox"/> Mand     </div> <input type="checkbox"/> <small>ABSOLUTE</small> <b>CARBON CLEAR</b> <input type="checkbox"/> <small>ABSOLUTE</small> <b>CARBON FLEX</b> <input type="checkbox"/> Cast Metal <input type="checkbox"/> Duraflex Partial <input type="checkbox"/> Duraflex Nesbit <input type="checkbox"/> Acrylic Partial <input type="checkbox"/> Acrylic Flipper	<p style="text-align: center;"><b><u>REPAIR SERVICES</u></b></p> <input type="checkbox"/> Reline <input type="checkbox"/> Add Tooth <input type="checkbox"/> Rebase <input type="checkbox"/> Add Clasp <input type="checkbox"/> Repair
	<p style="text-align: center;"><b><u>NEXT APPOINTMENT</u></b></p> <input type="checkbox"/> Frame Try-in <input type="checkbox"/> Frame Try-in w/ Bite Rim <input type="checkbox"/> Frame Try-in w/ Teeth <input type="checkbox"/> Process To Final	<p style="text-align: center;"><b><u>BRUXISM</u></b></p> <input type="checkbox"/> Flat Plane Night Guard <input type="checkbox"/> Comfort H/S <input type="checkbox"/> Bleaching Tray
		<p style="text-align: center;"><b><u>OTHER SERVICES</u></b></p> <input type="checkbox"/> Space Maintainer <u>Sleep Apnea/Snore Guard</u> <input type="checkbox"/> Panthera <input type="checkbox"/> EMA
<p style="text-align: center;"><b><u>ADDITIONAL SERVICES</u></b></p> <input type="checkbox"/> Try-In <input type="checkbox"/> Back-Up Denture <input type="checkbox"/> Custom Tray <input type="checkbox"/> Bite Rim <input type="checkbox"/> Process <input type="checkbox"/> Duplicate Current Denture <input type="checkbox"/> Additional Try-In  <input type="checkbox"/> Use Current Denture for Bite Rim/Custom Tray	<p style="text-align: center;"><b>TOOTH INFORMATION</b></p> <p style="text-align: center;">Tooth Shade: _____ Tooth Mold#: _____</p>	
<p style="text-align: center;"><b><u>ANALOG PROCESSED DENTURE</u></b></p> <input type="checkbox"/> Set up for Try in <input type="checkbox"/> Process		

**INSTRUCTIONS:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **LICENSE #:** \_\_\_\_\_

**WE NEED:**       Prescription Forms       Mailing Labels       Mailing Boxes