



ABSOLUTE ACRYLICS

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844-293-ADS (2371) **toll free**

FAX 919 490 1314 **fax**

absolutedentallab.com

DUE DATE: _____

TIME DUE: _____

TODAY'S DATE: _____

Please follow our delivery schedule.

DOCTOR'S NAME: _____

PATIENT'S NAME: _____

PATIENT IDENTIFICATION CODE (PIC): _____

Required for case communication to maintain HIPPA compliance. Please enter existing PIC (already used within your office). Or create a 5-7 digit code (alpha & numerical)

Example: Pt. John Doe = JD1234. Please chart this code for your records.

DENTURES

Max Mand

Standard Immediate
 Premium Signature*

*Call for details



TISSUE SHADE

Original Dark Red Pink
 Light Pink* Original Opaque
 Light Red Pink Send Shade Guide

*Preferred standard shade

FINISH

Signature Series or Premium Only

Smooth Characterized
 Stippling Rugae

PARTIAL

Max Mand

ABSOLUTE CARBON CLEAR

ABSOLUTE CARBON FLEX

Cast Metal
 Duraflex Partial
 Duraflex Nesbit
 Acrylic Partial
 Acrylic Flipper

NEXT APPOINTMENT

Try-in
 Try-in w/ Bite Rim
 Try-in w/ Teeth
 Process To Final

REPAIR SERVICES

Reline Add Tooth
 Rebase Add Clasp
 Repair

BRUXISM

Flat Plane Night Guard
 Comfort H/S
 Bleaching Tray

OTHER SERVICES

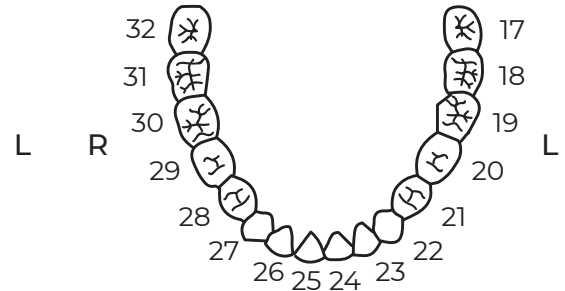
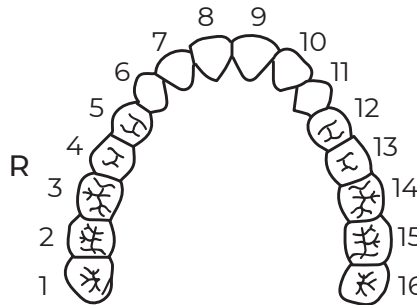
Space Maintainer
Sleep Apnea/Snore Guard
 Panthera EMA

ADDITIONAL SERVICES

Try-In
 Back-Up Denture
 Custom Tray
 Bite Rim
 Process
 Duplicate Current Denture
 Additional Try-In

 Use Current Denture for
Bite Rim/Custom Tray

TOOTH INFORMATION



Tooth Shade: _____ Tooth Mold#: _____

INSTRUCTIONS: _____

SIGNATURE: _____ **LICENSE #:** _____

WE NEED:

- Prescription Forms
- Mailing Labels
- Mailing Boxes

Scan to Upload Shades:

