



ABSOLUTE ACRYLICS
 843-554-4246 **voice**
 843-554-4607 **fax**
 8780 Rivers Ave, Ste 206
 Charleston, SC 29406
 shadesSC@absolutedentalservices.com
 absolutedentallab.com
 License SCDLA268

DUE DATE: _____
TIME DUE: _____
TODAY'S DATE: _____

Please follow our delivery schedule.

DOCTOR'S NAME: _____ **PATIENT'S NAME:** _____

DENTURE

Max Mand

Signature Series Elite Denture
 Tissue Tinting (Additional Fee)

Premium Economy Denture
 Economy Teeth with Root Festooning
 Economy Denture
 Economy Teeth No Festooning

FINISH
 Signature Series or Premium Only

Smooth Stippling
 Characterized

ADDITIONAL SERVICES

Custom Tray Process
 Bite Rim Duplicate Denture
 Set Up/Try-In Immediate Denture

HYBRID OPTIONS

Conus Hybrid
 Clip Bar Type _____
 Wrapped Acrylic
 Locator
 Locator F-Tx

HYBRID SUPPORT

Titanium CoCr
 Carbon Bar

PARTIAL

Max Mand

CARBON CLEAR
ABSOLUTE
Partials of the Future

CARBON FLEX
ABSOLUTE
Partials of the Future

Cast Metal
 Duraflex Partial
 Duraflex Nesbit
 Acrylic Partial
 Acrylic Flipper

NEXT APPOINTMENT

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

REPAIR SERVICES

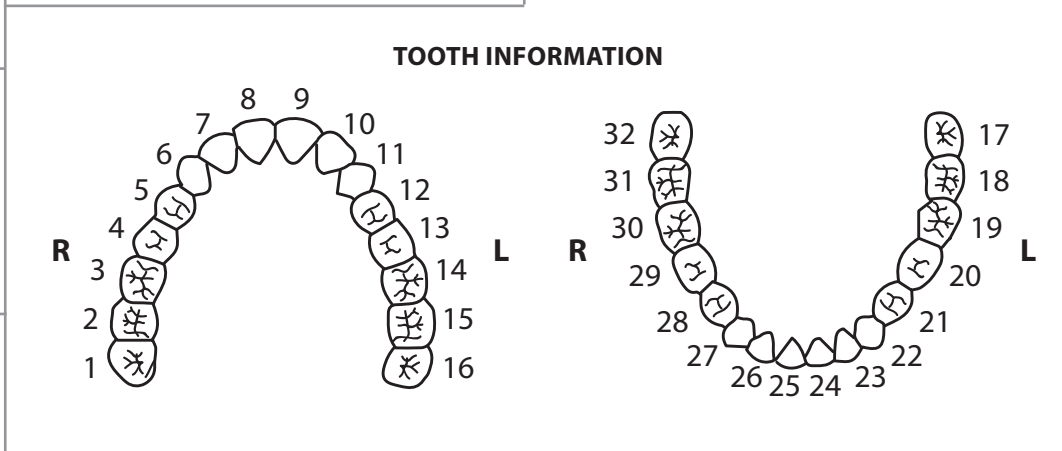
Reline Add Tooth
 Rebase Add Clasp
 Repair

BRUXISM

Flat Plane Night Guard
 Comfort H/S
 Bleaching Tray
 Talon Splint H/S

OTHER SERVICES

Space Maintainer
 Hawley Retainer
 Sleep Apnea/Snore Guard
 Panthera EMA



Shade: _____ Anterior Mould #: _____ Posterior Mould #: _____

INSTRUCTIONS: _____

SIGNATURE: _____ **LICENSE #:** _____

WE NEED: Prescription Forms Mailing Labels Mailing Boxes