



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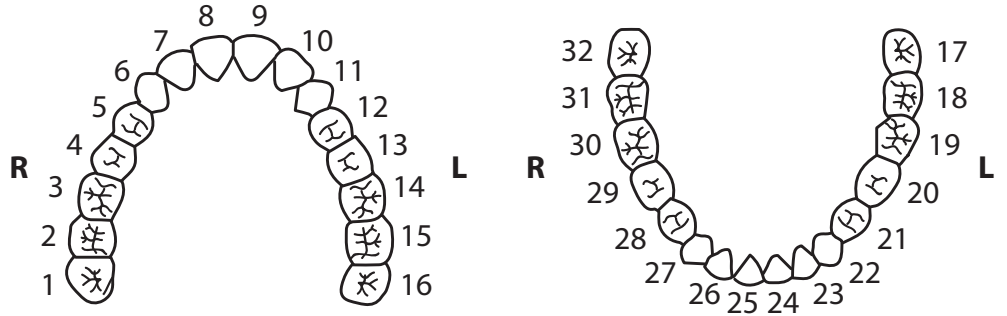
DUE DATE: _____
TIME DUE: _____
TODAY'S DATE: _____

Please follow our delivery schedule.

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

| | | |
|---|--|---|
| <p style="text-align: center;"><u>DENTURE</u></p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> <input type="checkbox"/> Max <input type="checkbox"/> Mand </div> <input type="checkbox"/> Signature Series Elite Denture <input type="checkbox"/> Tissue Tinting (Additional Fee) <hr/> <input type="checkbox"/> Premium Economy Denture Economy Teeth with Root Festooning <input type="checkbox"/> Economy Denture Economy Teeth No Festooning <hr/> <p style="text-align: center;"><u>FINISH</u></p> <p style="text-align: center; font-size: small;">Signature Series or Premium Only</p> <input type="checkbox"/> Smooth <input type="checkbox"/> Stippling <input type="checkbox"/> Characterized <hr/> <p style="text-align: center;"><u>ADDITIONAL SERVICES</u></p> <input type="checkbox"/> Custom Tray <input type="checkbox"/> Process <input type="checkbox"/> Bite Rim <input type="checkbox"/> Duplicate Denture <input type="checkbox"/> Set Up/Try-In <input type="checkbox"/> Immediate Denture <hr/> <p style="text-align: center;"><u>HYBRID OPTIONS</u></p> <input type="checkbox"/> Conus Hybrid <input type="checkbox"/> Clip Bar Type _____ <input type="checkbox"/> Wrapped Acrylic <input type="checkbox"/> Locator <input type="checkbox"/> Locator F-Tx <hr/> <p style="text-align: center;"><u>HYBRID SUPPORT</u></p> <input type="checkbox"/> Titanium <input type="checkbox"/> CoCr <input type="checkbox"/> Carbon Bar | <p style="text-align: center;"><u>PARTIAL</u></p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> <input type="checkbox"/> Max <input type="checkbox"/> Mand </div> <div style="margin-bottom: 5px;"> <input type="checkbox"/> <small>ABSOLUTE</small> CARBON CLEAR <small>OF FLEX</small> </div> <div style="margin-bottom: 5px;"> <input type="checkbox"/> <small>ABSOLUTE</small> CARBON FLEX <small>OF FLEX</small> </div> <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 <hr/> <p style="text-align: center;"><u>NEXT APPOINTMENT</u></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;"><u>REPAIR SERVICES</u></p> <input type="checkbox"/> Reline <input type="checkbox"/> Add Tooth <input type="checkbox"/> Rebase <input type="checkbox"/> Add Clasp <input type="checkbox"/> Repair <hr/> <p style="text-align: center;"><u>BRUXISM</u></p> <input type="checkbox"/> Flat Plane Night Guard <input type="checkbox"/> Comfort H/S <input type="checkbox"/> Bleaching Tray <input type="checkbox"/> Talon Splint H/S <hr/> <p style="text-align: center;"><u>OTHER SERVICES</u></p> <input type="checkbox"/> Space Maintainer <input type="checkbox"/> Hawley Retainer <u>Sleep Apnea/Snore Guard</u> <input type="checkbox"/> Panthera <input type="checkbox"/> EMA |
|---|--|---|

TOOTH INFORMATION



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

INSTRUCTIONS: _____

SIGNATURE: _____ **LICENSE #:** _____

WE NEED: Prescription Forms Mailing Labels Mailing Boxes