



23625 Van Dyke Ave
Warren, MI 48089
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Doctor: _____ Rx Date: _____
Practice Name: _____ Due Date: _____
Patient: _____ Insert: _____
Age: _____ Phone: _____

☐ Male ☐ Female

Case turnaround time is based on the date the Rx is received by Nazarko Dental Lab. Please allow posted turnaround time in business days (M-F) from the Rx date. Some exceptions can be made if indicated with enough notice.

Full Denture

- | | |
|--|---|
| ☐ Classic \$ | ☐ Premium \$\$ |
| ☐ Custom Trays | ☐ Process/Finish |
| ☐ Base Plate W/Bite Rim | ☐ Immediate |
| ☐ Wax Try-in | ☐ Name |

Partial

- | | |
|---|--|
| ☐ Classic \$ | ☐ Premium \$\$ |
| ☐ Acrylic Partial | ☐ Cast Partial |
| ☐ Flexible Partial | ☐ Esthetic Flexible Clasp |
| ☐ Flexible Nesbit | |
| ☐ Cast Nesbit | |

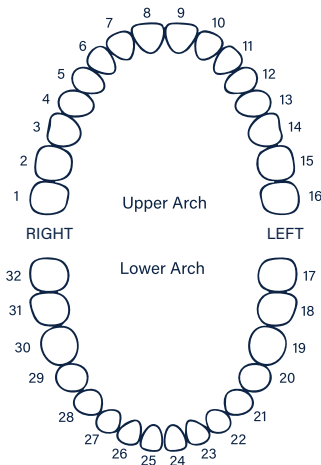
- ☐ Teeth to be extracted from model now
- ☐ Teeth removed from model at final processing

Night Guards

- | | |
|-------------------------------------|---------------------------------------|
| ☐ Classic \$ | ☐ Premium \$\$ |
| ☐ Hard | ☐ Print |
| ☐ Hard/Soft | ☐ Thermoflex |

EXTRACTIONS

MARK all teeth to be extracted and replaced



Other Removable Options

- ☐ Flipper 1 + 2 teeth
- Close: ☐ Wire ☐ Ball
- | | |
|---|--|
| ☐ Reline | ☐ Clear Palate |
| ☐ Rebase | ☐ Cusil Gasket |
| ☐ Soft Reline | ☐ Cast Clasp Addition |
| ☐ Suction Cup Reline | ☐ Tooth Colored Clasp |
| ☐ Repair/add teeth | ☐ Valplast Clasp |

Retainer

Type: ☐ Essix ☐ Hawley

- ☐ Space Maintainer
- ☐ Athletic Guard
- ☐ Bleaching Trays

Rx _____

If pick up location is within 10 miles or less please call
Call for any other services you may need