Removable Rx

1. Products

A. ❑ Custom Trays (❑ Upper ❑ Lower)
- ❑ Holes
- ❑ No Holes

B. ❑ Bite Block (❑ Upper ❑ Lower)

2. Appliances

A. ❑ Dentures(L199) ❑Immediate Denture(L199)
- ❑ Upper Extract Tooth#_____
- ❑ Lower Extract Tooth#_____

B. ❑ Partials (❑ Upper ❑ Lower)
- ❑ Vitallium ❑ Gold ❑ Titanium
- ❑ FRS Partial (Flexible Resin)
- ❑ Acrylic Partial (L199)

C. ❑ Major Connector ❑ Lab to Design
- ❑ Horseshoe ❑ Mid Palatal Bar
- ❑ Double Palatal Bar ❑ Full Palatal
- ❑ Post Palatal Bar ❑ Lingual Plate
- ❑ Lingual Bar
- ❑ Double Bar (Kennedy)

D. ❑ Clasping
- ❑ Akers- (Tooth#_____)
- ❑ Double Akers- (Tooth#_____)
- ❑ I-Bar (Tooth#_____)
- ❑ Roach (Tooth#_____)
- ❑ Back Action (Tooth#_____)
- ❑ Ring- (Tooth#_____)
- ❑ Wrought Wire (Tooth#_____)
- ❑ Ball- (Tooth#_____)
- ❑ FRS- Flexible Resin (Tooth#_____) (Color_____)

E. ❑ Rests
- ❑ Mesial rest on #_____
- ❑ Distal rest on #_____
- ❑ Cingulum rest on #_____

INSTRUCTIONS

❑ **CALL ME**

ZirámiX
the dental lab

795 FRANKLIN AVENUE FRANKLIN LAKES, NJ 07417
TEL: 888-825-2132 FAX: 201-891-5878
WWW.ZIRAMIX.COM

Doctor's Name

Address

City, State, Zip

Patient Last Name |__|__|__|__|__|__|__|__|__|__|__|__|

Patient First Name |__|__|__|__|__|__|__|__|__|__|__|__|

Shipping Date |__|__|-|__|__|-|__|__| Male / Female

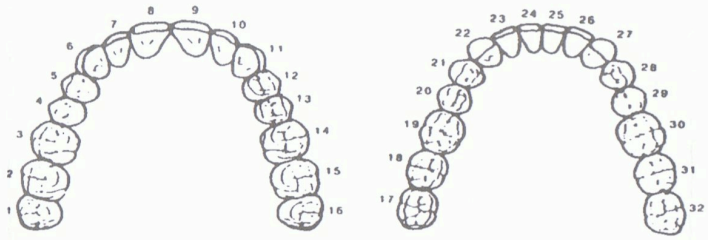
DATE DUE-Deliver case by 5PM on |__|__|-|__|__|-|__|__|

Return case for: **SEE TIME SCHEDULE - BACK SIDE**

- ❑ **Design Only**
- ❑ **Frame Try-In Only**
- ❑ **Frame Try-In w/ Bite Block**
- ❑ **Frame Try-In w/ Teeth**
- ❑ **Reset Try In**
- ❑ **Teeth Try In**
- ❑ **Finish**

*** If box is NOT marked, lab will proceed with next step.**

❑ Characterization / Tinting - Partial / Denture (Additional Fee)



Dentist Signature _____ License # _____

Items Enclosed
___Imp. ___Model ___Bite ___Opposing ___Shade
___Bite Block ___Photo ___Teeth ___Denture ___Partial

3. Nightguards

(❑ Upper ❑ Lower)
- ❑ Hard Acrylic
- ❑ Med. Hard (Ultra Flex)
- ❑ Soft Vacuum

4. Others

- ❑ Bleaching Tray
  - ❑ Upper ❑ Lower
- ❑ Sports Guard (color _____)
- ❑ Snore Guard (Call for questionnaire)

For Lab Use	
Model	_____
Set Up	_____
Wax	_____
Finish	_____
Polish	_____
Q.C.	

5. Repair

(❑ Upper ❑ Lower)
- ❑ Acrylic _____
- ❑ Metal _____
- ❑ FRS _____

6. Relines

(❑ Upper ❑ Lower)
- ❑ Hard Reline
- ❑ Soft Liner
  - ❑ Heat Cure
  - ❑ Cold Cure

7. Shade & Type of Teeth

SHADE _____

Guide/Brand
- ❑ Portrait_IPN-Premium*
- ❑ Bioform_IPN-Premium
- ❑ Bioblend_IPN-Premium
- ❑ Biotone_Regular
- ❑ Classic_Economy
- ❑ New Hue_Economy
- ❑ Vita
- ❑ Others: _____

Type
- ❑ Porcelain
- ❑ Plastic

Acrylic/FRS Shade
- ❑ Original
- ❑ Light Pink
- ❑ Light Reddish Pink
- ❑ Dark Pink
- ❑ Clear

- Economy teeth-Limited shade only
- If brand is NOT available or indicated, IPN Premium will be used.*

-Cosmetic / C & B restorations / Implant Available-

Please Send More ❑a. Shipping Labels ❑b. Boxes ❑c. Cosmetic Rx ❑d. Removable Rx ❑e. Crown & Bridge Rx ❑f. Implant Rx