

Removable Rx

***Standard design if nothing is marked.**

1. Type of Appliance

- a. ☐ **Denture (L199)** ☐ Immediate Denture / Partial
☐ Upper ☐ Lower
Extract Tooth # _____
Remove Teeth @: ☐ Finish*
☐ Wax Try-In
☐ FrameTry-In
- b. ☐ **Partial** (☐ Upper ☐ Lower)
☐ Vitallium* ☐ Gold ☐ Titanium
(Please fill out **Section 2** for Partial Design)
☐ Acrytone-Flexible Partial
☐ Valplast-Flexible Partial
☐ Combination Partial (Cast frame w/ flexible clasp)
(Please fill out **Section 2** for Partial Design)
☐ Acrylic Partial (L199) / Temporary Partial
- c. ☐ **Screw Retained Fixed Hybrid Prothesis**
☐ Milled-Titanium* ☐ Milled-Zirconia ☐ Casted-Gold
- d. ☐ **Overdenture Bar**
☐ Milled* ☐ Casted
☐ Nobel Biocare ☐ Biomet 3i ☐ Other _____
- e. ☐ **Verification Index**
- f. ☐ **Night Guard** (☐ Upper ☐ Lower)
☐ Ultimate Hard* (☐ w/ball clasps* ☐ w/o clasps)
☐ Ultimate Hard-CAD Printed (**NEW**)
☐ Ultraflex (Medium)
☐ Comfort H/S Bite Splint (Hard/Soft)
☐ Ultrasoft (Soft)
- g. ☐ **Custom Impression Tray** (☐ Upper ☐ Lower)
☐ No Holes* ☐ Holes
- h. ☐ **Bite Block** (☐ Upper ☐ Lower)
- i. ☐ **Bleaching Stent** (☐ Upper ☐ Lower)
- j. ☐ **Hawley Orthodontic Retainer** (☐ Upper ☐ Lower)
- k. ☐ **Space Maintainer** (Tooth Number _____)
- l. ☐ **Essex Stent** (Tooth Number _____)
- m. ☐ **Sports Guard**
- n. ☐ **Snore Guard**

INSTRUCTIONS:

☐ **CALL ME**

Terms and Conditions: GKY Dental Arts, Inc. requires each case be accompanied by a signed lab slip which is to be considered a binding work order agreement and acceptance of our Terms and Conditions. Invoices are billed by statement with payment due by the end of the subsequent month from statement date. 2% Service Charge will be billed on all past due balances.

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GKY Dental Arts, Inc.

(Formerly G&H Dental Arts)

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Account # _____
Doctor's Name _____
Group Name _____
Address _____
City, State, Zip _____
Email Address _____
Patient Last Name _____
Patient First Name _____
Shipping Date _____ ☐ Male ☐ Female

DATE DUE-Deliver case by 5PM on _____
(Standard working time will be given if no due date is indicated.)

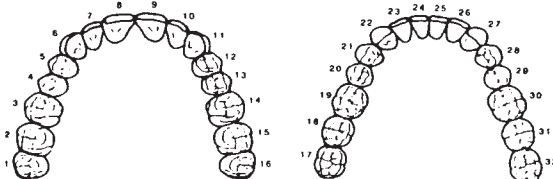
Return case for:

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

(If a box is not marked, lab will proceed with next step.)

Advanced
☐ **Removable**
Team (See Fee Schedule) **ART** **ADVANCED REMOVABLE TEAM**

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



\$50 off your first case - Receive Your 1st Night Guard for Only \$70!

Regular Price: \$120. Available to new doctors only. Limit one per doctor.
Cannot be combined with other offers. No cash value.

Person signing this authorization accepts sole responsibility for payment, and agrees to pay all legal costs in the event of suit, including attorney fees.

Dentist Signature _____ License # _____

Items Enclosed ☐ Imp. ☐ Model ☐ Bite ☐ Opposing
☐ Shade ☐ Pre-op Model ☐ Photo ☐ Model of Temps

White - Lab Copy Yellow - Doctor's Copy

2. Partial Design

- ☐ **Lab to Design***
- a. ☐ **Major Connector** (Specify Upper / Lower)
☐ Horseshoe ☐ Mid Palatal Bar
☐ Double Palatal Bar ☐ Full Palatal Bar
☐ Post Palatal Bar ☐ Lingual Plate
☐ Lingual Bar
☐ Double Bar (Kennedy)
- b. ☐ **Clasping**
☐ Akers(Tooth# _____)
☐ Double Akers(Tooth# _____)
☐ I-Bar(Tooth# _____)
☐ Roach(Tooth# _____)
☐ Back Action(Tooth# _____)
☐ Ring(Tooth# _____)
☐ Wrought Wire(Tooth# _____)
☐ Ball(Tooth# _____)
☐ Flexible clasp(Tooth# _____)
☐ Original ☐ Light Reddish Pink
☐ Light Pink ☐ Dark Pink
☐ Clear
- c. ☐ **Rests**
☐ Mesial rest on# _____
☐ Distal rest on# _____
☐ Cingulum rest on# _____

3. Relines

- ☐ **Sameday Service**
(☐ Upper ☐ Lower)
☐ Hard Reline
☐ Soft Liner

4. Repairs

- ☐ **Sameday Service**
(☐ Upper ☐ Lower)
☐ Acrylic
☐ Metal
☐ Flexible††

†† Sameday Service not available.

5. Shade & Teeth Type

- Shade** _____ **Mould Ant.** _____
Mould Post. _____
- Guide/Brand** **Type**
☐ **Premium Plus - Portrait†** (Dentsply) ☐ Porcelain
☐ Premium Plus - Phonares†† (Ivoclar) ☐ Plastic
☐ Premium Plus - Vitapan (Vivadent)
☐ Economy (Limited shades only)
☐ Others: _____
- Acrylic/Flexible Shade**
☐ Original†
☐ Light Pink
☐ Light Reddish Pink
☐ Dark Pink
☐ Clear
☐ Acrylic Shade Guide \$35

† PremiumPlus - Portrait will be used, if nothing is marked.

†† Indicates-Teeth are sold in complete sets only.

Additional Services: Crown & Bridge/Cosmetic/Implanning

Please Send More ☐ Shipping Labels ☐ Boxes
☐ Cosmetic Rx ☐ Removable Rx
☐ Crown & Bridge Rx ☐ Implanning Rx

Revised 02.12.2021 CBGKY-02