

MUST FILL IN BOXES 1-5 MUST FILL IN BOXES 1-5 MUST FILL IN BOXES 1-5 MUST FILL IN BOXES 1-5

Removable Rx

*Standard design if nothing is marked.

1. Type of Appliance

- a. **Denture (L199)** Immediate Denture / Partial
 Upper Lower) Extract Tooth # _____
 Traditional Remove Teeth @: Finish*
 Printed (NEW) Wax Try-In
 Frame Try-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-Printed (from STL file) **(NEW)**
 FlexEze (Medium)
 FlexEze (Medium)-Printed (from STL file) **(NEW)**
 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)
 Upper Lower)
- j. **Hawley Orthodontic Retainer**
- 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 labslip 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.

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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.)

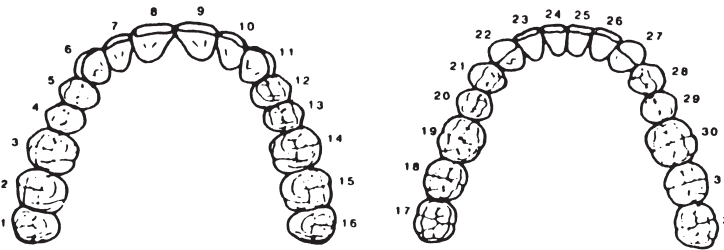
Return case for:

- 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.)



Characterization / Tinting - Partial / Denture (Additional Fee)



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 Oposing
 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
 - Double Palatal Bar
 - Post Palatal Bar
 - Lingual Bar
 - Double Bar (Kennedy)
 - Mid Palatal Bar
 - Full Palatal Bar
 - Lingual Plate
- 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

- Premium Plus - Portrait† (Dentsply)**
- Premium Plus - Phonares†† (Ivoclar)**
- Premium Plus - Vitapan (Vivident)**
- Economy (Limited shades only)**
- Others:** _____

Type

- Porcelain
- Plastic
- Acrylic/Flexible Shade**
- Original†
- Light Pink
- Light Reddish Pink
- Dark Pink
- Clear
- Acrylic Shade Guide \$35**

† PremiumPlus - Portrait will be used, if nothing it 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 05.23.2023 CBGKY-02