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 Extract Tooth # _____
☐ Upper
☐ Lower
Remove Teeth @: ☐ Finish* ☐ Wax Try-In ☐ FrameTry-In

b. ☐ **Partial** (☐ Upper ☐ Lower)
☐ Vitallium* ☐ Gold ☐ Titanium
(Please fill out **Section 2** for Partial Design)
☐ ZirLux-Acetal - Tooth Shaded **(NEW)**
☐ FRS-Flexible Partial
☐ Acrytone-Flexible Partial **(NEW)**
☐ Valplast-Flexible Partial **(NEW)**
☐ 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)
☐ 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 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.

GKY Dental Arts, Inc.

(Formerly G&H Dental Arts)

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Torrance, CA 90504 (310) 214-8007
www.gkydentalarts.com (310) 214-9137 Fax
info@gkydentalarts.com

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.)

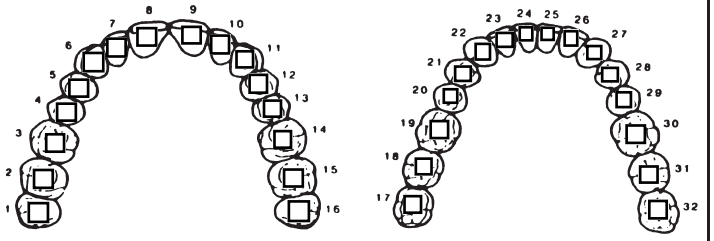
Return case for:

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



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

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 - Bioblend *(Dentsply)*
☐ Premium Plus - Biotone *(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

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White - Lab Copy Yellow - Doctor's Copy