



Professional Dental Company
 611 Omaha St.
 P.O. Box 1257
 Sioux City, IA 51102
 712-252-4034 800-831-0936
 Fax 712-252-3037

Dr. _____ Address _____ City _____

Patient's Name _____ Age _____ Sex _____

Date Sent: _____

Next Appt _____ Time _____ A.M.

P.M.

Please send:

- Boxes Order Forms
 Mailing Labels

Delivery Preference Route Mail UPS

DENTURES AND PARTIALS

- TRIAL FINISH
- Success Injection Premium Service
 Economy Denture Service
 Immediate Denture Service Premium
 Economy
 Treatment Denture Service (pink posteriors)
 I.D. Tab _____

- Brux-eze
 Nightguard Clear Splint
 Dual Laminate

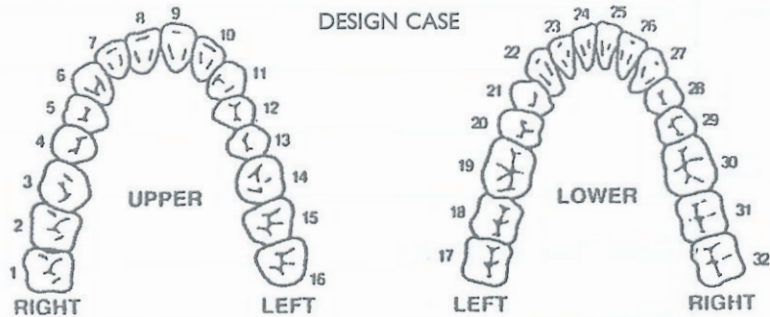
- Mouthguard (color optional)

- Flipper with wire clasp(s)
- Cu-sil Partial Soft liner
 Flexible Resin Partial
- Tray Intra-oral Tracer
 Bite Block Esthetic Control Base
- Reline Repair
 Rebase
- Surgical Template
 Bleaching Tray

Shade _____ Mould _____ Plastic _____ Porcelain _____

- Design and Estimate Only
 Vitallium 2000 Plus
 Vitallium 2000
 Micro Mesh Partial
 Boys Town Partial
 Laser Weld

- Saddle Lock Hidden Clasp
 D.E. Hinges
- Framework Only Teeth in wax
 Bite rim Finish
- Veneer Clasps Thermo Flex Clasp
 Composite Facing



CROWN AND BRIDGE

- Porcelain Fused to Metal
 Captek
 Phoenix/High Noble Yellow
 Noble White
 Base Metal (N.P.)

- All Metal
 High Noble Yellow
 Noble Yellow
 Noble White
 Base Metal (N.P.)

Characteristics



Shade _____

Stump Shade _____

- Reason for Treatment
 Closing Diastema Discolored Teeth
 Misalignment Lengthen

ALL CERAMIC

- Vita Zirconia Crown
 Lava Crown
 All Ceramic Restoration
 Porcelain Veneer
 Inlay/Onlay
 Monodont

IMPLANTS

Brand _____ Type _____

Diameter _____

Cuff _____

- Abutment: Atlantis Manufacturers
 Surgical stent with guide tubes

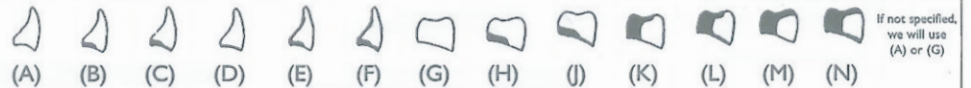
CASE DESIGN

- Full Crown Occlusal Staining Occlusal Contact
 3/4 Crown Yes Foil # of layers _____
 Inlay/Onlay No In Occlusion
 Temporary Crown If insufficient room Reduce and mark
 Porcelain Butt Margin Please call
- Anatomy Match Adjacent Interproximal Contacts
 Primary Scrape Adjacent
 Secondary Contact Heavy
 Light

PONTIC DESIGN

- Full Ridge Partial Ridge No Ridge Point Contact No Contact

PONTIC DESIGN



If not specified, we will use (A) or (G)

ADDITIONAL INSTRUCTIONS

- Call Upon Receipt of Case Return to Dr. for Die Trim

Signature _____ License # _____