



COSME PROSTHETICS

REMOVEABLE DENTAL LABORATORY

Rx Date _____ Due Date _____

DR. NAME _____ PATIENT NAME _____

DR. PHONE NUMBER _____ PATIENT APPOINTMENT DATE _____

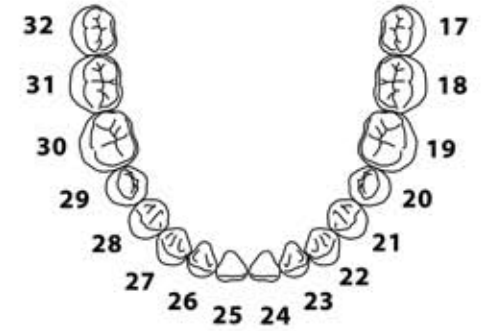
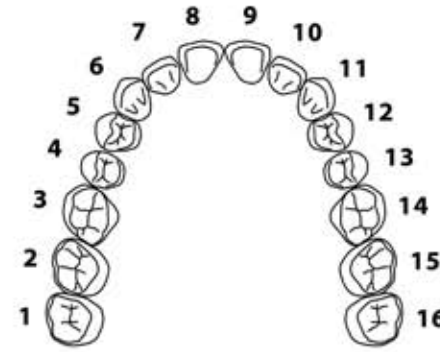
SEX: M / F SHADE: _____

SIGNATURE OF DENTIST (REQUIRED) _____ DENTIST LICENSE # _____

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

Lab Articulator STRATOS BIO ART Dr. Sending Articulator: _____
Articulator Type

INSTRUCTIONS / NOTES : Call Me Before Proceeding With Case



PARTIAL DENTURE DESIGN

COMPLETE PROSTHETICS R_x

COMPLETE DENTURE :

- Premium Denture
- Standard Denture

Process Steps:

- ___ Custom Tray
- ___ Bite Block
- ___ Try-in with Teeth
- ___ Additional Try-in
- ___ Process and Finish

Will be invoiced at each stage.

PARTIAL DENTURE :

- Cast Partial Denture
- Cast Partial / Color Clasp
- Flexible Partial Denture
- Acrylic Partial Denture

Process Steps:

- ___ Custom Tray
- ___ Framework / Flexible Try-in
- ___ Framework Try-in w/ Bite Block
- ___ Framework Try-in w/ Teeth
- ___ Process and Finish

Will be invoiced at each stage.

MISCELLANEOUS

- Repair
- Reline
- Nightguard Soft
- Nightguard Hard / Soft
- TMJ Splint (Heat Cured)
- ESSIX APPLIANCE

CHARACTERIZATION DIRECTION



- Light Color
- Intense Color

TEETH ARRANGEMENT

Masculine Feminine Characterized

ANTERIOR TEETH POSTERIOR TEETH

Brand _____ 0° 10° 22° 33°

Mould _____ Lingualized Occlusion

OCCUSAL CLASSIFICATION

- Class I
- Class II
- Class III

PHOTO COMMUNICATION

- Full Face
- Profile
- Intra Oral
- Photos Included
- CD/Flash Drive Included
- Emailed to:
info@cosmeprosthetics.com

FORMS AVAILABLE AT COSMEPROSTHETICS.COM

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