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

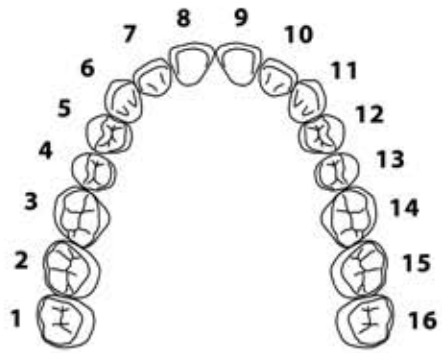
Dr. Sending Articulator: _____
Articulator Type

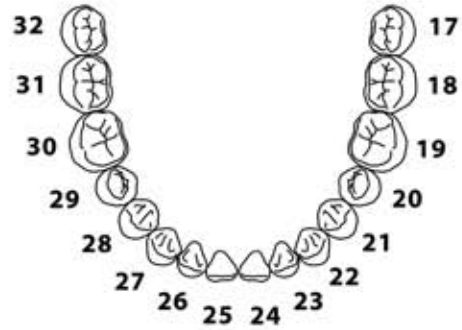
INSTRUCTIONS / NOTES : ☐ Call Me Before Proceeding With Case

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

FORMS AVAILABLE AT COSMEPROSTHETICS.COM

1209 Park Ave, San Jose, California 95126
(408) 645 - 5292 • info@cosmeprosthetics.com





PARTIAL DENTURE DESIGN

COMPLETE PROSTHETICS Rx

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

OCCLUSAL CLASSIFICATION

☐ Class I ☐ Class II ☐ Class III

PHOTO COMMUNICATION

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