+1(425) 967-7676

**Call for Local Pick Up**

# United Removable RX(US)

Company:
Add.:

Tel.:
Fax.:

Case No.: _____
Patient Name: _____
Dr. Name: _____
Shipping Date: _____
Due Date: _____

**Stage:** ☐ Frame Try-in ☐ Wax Try-in with Teeth ☐ Finish ☐ Final Process

**Tooth Shade:** _____ **Tissue Shade:** ☐ Pink ☐ Light Pink ☐ Meharry ☐ Medium Meharry

## Cast Metal Partials

- ☐ Cocr
- ☐ Vitallium 2000
- ☐ W/Valplast
- ☐ W/Acrylic
- ☐ W/Bite rim

## Non-Metal Partials

- ☐ Valplast
- ☐ Acrylic Partial Denture
- ☐ Full Denture
  - ☐ Conventional Full Denture
  - ☐ Immediate Denture
- ☐ Flipper # _____

Extract Tooth # _____

## Extras

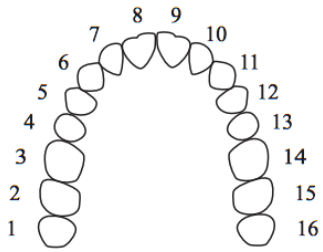
- ☐ Custom Tray ○ With Hole ○ Without Hole
- ☐ Night Guard
  - ○ Hard ○ Soft ○ Hard Outside & Soft Inside
- ☐ Bleaching Tray
- ☐ Wax Bite Block ☐ Wax Bite Rim
- ☐ Reline / Rebase
- ☐ Cusil # _____

☐ Upper ☐ Lower

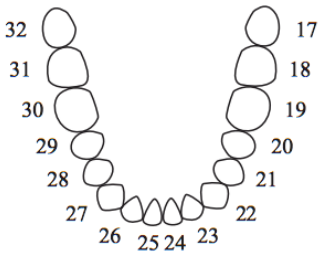
☐ Full Arch ☐ Nesbit

**Set Up Teeth #** _____

### Upper




### Lower




## Major Connector

**Upper**

- ☐ Full Palate
- ☐ Horseshoe
- ☐ Palatal Strap
- ☐ A-P Bar

**Lower**

- ☐ Lingual Bar
- ☐ Lingual Plate

## Clasp Design

- ☐ Lab Select
- ☐ Akers # _____
- ☐ Wire Clasp # _____
- ☐ RPI Clasp # _____
- ☐ Roach Clasp # _____
- ☐ Valplast Clasp # _____
- ☐ Thermoflex Clasp # _____
  - ☐ Shade: _____
- ☐ Clear Clasp # _____

## Enclosed With Case:

- ☐ Impression × _____
- ☐ Opposing Model × _____
- ☐ Bite × _____
- ☐ Metal Articulator × _____
- ☐ Photo × _____
- ☐ Shade Guide × _____
- ☐ Framework × _____
- ☐ Attachment × _____
- ☐ Others: _____