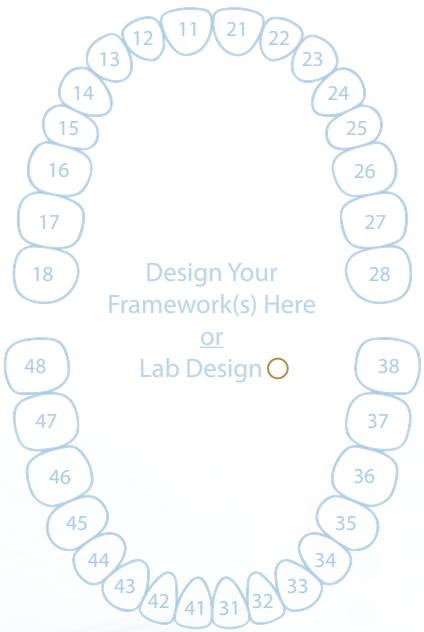

Watersedge
DENTAL LABORATORY INC

Call Before Proceeding: ◯

Doctor: _____

Clinic Address: _____

Patient: _____ *Last Name* _____ *First Name* _____

Rx Date: _____ *Month / Day / Year* _____

Requested Return: _____ *Month / Day / Year* _____

☐ **Repair**

Reinforcement?
◯ Yes ◯ No

Note: Reinforcement May Be Required for Warranty Protection

☐ **Reline**

◯ Permanent Soft
◯ Heat Cured Acrylic
◯ Cold Cured Acrylic

TYPE

☐ **Full Denture**

◯ Upper ◯ Lower

Reinforcement?
◯ Yes ◯ No

☐ **Flexible Partial**

◯ Upper ◯ Lower

☐ **Cast Partial**

◯ Upper ◯ Lower

Framework Material
◯ Titanium ◯ CoCr

Note: Minimum 10 Days In-Lab Turnaround for Framework Production

☐ **Acrylic Partial**

◯ Upper ◯ Lower

Clasping?
◯ Yes ◯ No

Reinforcement?
◯ Yes ◯ No

Note: Reinforcement May Be Required for Warranty Protection

STAGE

☐ **Design & Return**

☐ **Custom Tray**
◯ Upper ◯ Lower

☐ **Bite Block**
◯ Upper ◯ Lower

☐ **Framework Try-In**

☐ **Frame Try-In With Bite Block**

☐ **Set-Up Try-In**

Tooth Shade: _____

☐ **Process & Finish**

Rx _____

Signature: _____ License # _____

"The single biggest problem in communication is the illusion it has taken place" - George Bernard Shaw