



DUE DATE

Greg Nash

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REMOVABLES

Doctor: _____ Date: _____

Address: _____ Phone #: _____

Patient: _____

Gender: M F Age: _____ ID #: _____

SPECIFIC INSTRUCTIONS

DENTURES

- Reline
- Repair/add tooth
- House Teeth
- Premium Denture Teeth
- Stippling
- Rugae
- IvoBase

STAUB COMPUTER ANALYSIS

PARTIAL DENTURES

- Repair/add tooth
- Reline
- Frame TryIn
- Frame w/ Bite Block
- Frame w/ Teeth TryIn
- Finish
- Acrylic Stayplate
- Ducoflex
- Valplast Partial
- Valplast/Partial Frame Combo
- Valplast Nesbit
- Vitalium
- Wironium

Major Connector

Maxillary

Mandibular

Specialty Clasps

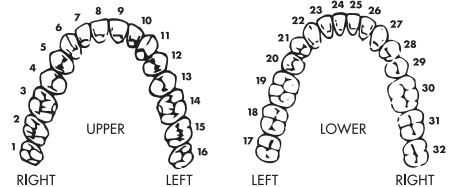
- Lab Select
- Horseshoe
- Lab Select
- Lingular Bar
- Lingular Apron
- Double Bar
- Valplast Saddle Clasp
- Clear Clasp
- Tooth Color Clasp

ATHLETIC MOUTH GUARDS

NIGHT GUARDS

- HARD/SOFT
- SOFT
- TALON

SHADE _____



Signature _____ License # _____