



ALLSMAN DENTAL ARTS
 212 E Crossroads Blvd. #159
 Saratoga Springs, UT 84043
 (801) 944-3420

DR. _____ SEX MALE FEMALE DATE _____

PATIENT _____ AGE _____ DUE DATE _____

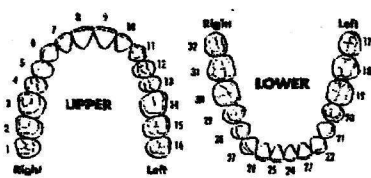
AM PM

REMOVEABLE RX

1. PARTIAL FRAMEWORKS

- A. APPLIANCE**
- CAST PARTIAL
 - FRAME ONLY
 - WAX BITE ON FRAME
 - WAX SET UP
 - SET-UP AND FINISH
 - PROCESS, FINISH ONLY
- B. MAJOR CONNECTOR**
- LAB SELECT
 - HORSESHOE
 - FULL PALATE
 - PALATAL STRAP
 - LINGUAL BAR
 - LINGUAL PLATE
 - OTHER

C. SADDLE AREA



D. PARTIAL CLASP DESIGN

- TOOTH LOCATION #**
- LAB SELECT DESIGN
 - _____ AKERS
 - _____ ROACH
 - _____ I BAR
 - _____ RING

E. RESTS

- TOOTH LOCATION #**
- _____ LAB SELECT
 - _____ MESIAL
 - _____ DISTAL
 - _____ CINGULUM
 - _____ LINGUAL
 - _____ INCISAL

**IF NO DESIGN IS DESIGNATED BY THE CUSTOMER THE CUSTOMER, ACCEPTS COMPLETE RESPONSIBILITY FOR THE DESIGN OF THE FRAMEWORKS FROM THE LABORATORY.

2. VALPLAST/TCS/FLEXIBLE PARTIALS

A. SELECT LEVEL OF COMPLETION

- WAX SET-UP ONLY
- SET-UP AND FINISH
- PROCESS, FINISH ONLY

B. SELECT PARTIAL SHADE

- ORIGINAL
- LT. PINK
- LT. REDDISH PINK
- DARK PINK
- CLEAR

C. SHADED CLASPS

- IF SHADED CLASPS ARE DESIRED SELECT SHADE BELOW
- ORIGINAL
 - LT. PINK
 - LT. REDDISH PINK
 - DARK PINK
 - CLEAR

3. DENTURES (LUCITONE 199 ACRYLIC)

A. SELECT LEVEL OF COMPLETION

- WAX SET-UP ONLY
- SET-UP AND FINISH
- PROCESS, FINISH ONLY
- IMMEDIATE DENTURE

B. SELECT SHADE

C. SELECT MOLD

4. SPECIAL INSTRUCTIONS
