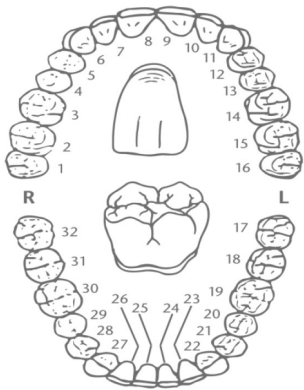




Office Name _____ Phone # _____ Deliver on _____
Address _____ E-mail _____

Patient Name _____
First Last ☐ Male ☐ Female Age _____

Enclosed with case: ☐ Impressions ☐ Models ☐ Bite ☐ Photos ☐ Other:
Email case photos to: shdental@summit-horizon.com



Please mark/note all teeth to be extracted.

Call the lab to discuss our Elite Removable product line.

Signature _____ Date _____

Tooth Setup: ☐ Ideal ☐ Characterized ☐ Study Model
Tooth Shade _____ **Mould** _____
☐ Economy ☐ Premium ☐ Superior

DENTURES ☐ Flexible ☐ Basic ☐ Premium ☐ Lucitone 3D Printed Denture
☐ Custom Tray ☐ Bite Block ☐ Wax Set-up Try-in ☐ Reset ☐ Finish

METAL PARTIALS ☐ Upper ☐ Lower
☐ **Duplicate Model:** ☐ Yes ☐ No*
Add Cosmetic Clasp: ☐ Flexible*
☐ Tooth-Colored: __A1 __A2 __A3 __A3.5 __B1
☐ Custom Tray ☐ Frame Try-in Only ☐ Frame with Bite Block
☐ Frame with Teeth Setup Try-in ☐ Reset ☐ Reset & Finish ☐ Finish

TCS Flexible Partial or Denture: ☐ Unbreakable ☐ iFlex ☐ Karadent
☐ Upper ☐ Lower
☐ Custom Tray ☐ Finish
Change Clasp: ☐ Clear Clasp ☐ Tooth-Colored

TISSUE SHADE: CALL LAB FOR CUSTOM/ELITE SHADE

Acrylic Shade: ☐ Original ☐ Light
☐ Light Reddish ☐ Dark
TCS Shade: ☐ Standard ☐ Light ☐ Light/Dark
☐ Dark ☐ Natural/Clear

REPAIRS
Add Clasp: ☐ Cast ☐ Wrought Wire ☐ Flexible ☐ Tooth-Colored
☐ Add Teeth _____ ☐ Replace Teeth _____
☐ Fracture ☐ Rebase ☐ Reline Flexible Repair (*not guranteed*)

Summit Horizon Dental Lab (888) 785-9710, (314) 989-0123, or (636) 685-0150

Lab Use Only: Pan# _____