NATURAL SMILES DENTAL LAB
8326 QUIVAS WAY
DENVER, CO 80221

Main: 720-531-3917
Secondary: 720-762-4008
Send Scans to:
DIGITAL@NaturalSmilesDentalLab.com

For Lab Use Only
INVOICE #:
PAN #:

PLEASE CALL US TO DISCUSS YOUR REPAIR CASES BEFORE 10AM

☐ SAME DAY : Patient comes to our lab **OR** the case is at our lab before 11AM

☐ NEXT DAY: Circle delivery times - Before **12PM or** Before **4PM**

Today's Date: _____ **DUE DATE/TIME:** _____

Doctor Name&
Signature/License: _____
(Required by law)
**The person signing this form is an authorized signer and, along with the dental practice, accepts responsibility for payment of all related charges, as well as any legal costs, collection and other fees incurred by Auraria Dental Lab in the event the account is sent to collections or litigation.

Practice Name/Address: _____ Phone/Email _____

Patient: _____ Age: _____ ☐ Female ☐ Male

Case turnaround times is based on the date/time we receive the case, as well as ALL the information being correct and completed on the RX. If the RX is incomplete, we CANNOT guarantee a delivery date until all the information is received by the lab.

CASE TYPE
☐ FULL DENTURE ☐ PARTIAL ☐ FLIPPER
☐ IMMEDIATE FULL DENTURE/PARTIAL
☐ AED/3D-PRINT ☐ CLASSIC ☐ PREMIUM

ARCH
☐ UPPER
☐ LOWER
☐ BOTH

MATERIAL
☐ ACRYLIC ☐ METAL ☐ FLEXIBLE
☐ CHROME COBALT (HEAVIER, MORE SHINE)
☐ TITANIUM (LIGHTER, HYPOALLERGENIC)

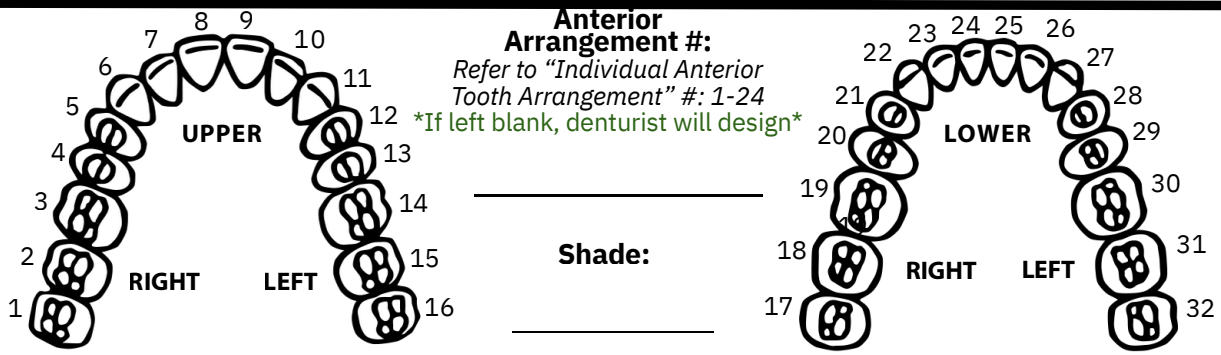
STAGE
☐ CUSTOM TRAY ☐ CAST METAL FRAMEWORK
☐ BASE PLATE ☐ BITE RIM ☐ TRY-IN
☐ FINISH ☐ REBASE ☐ WELD RETENTION
☐ RELINE (CIRCLE: HARD OR SOFT) ☐ REPAIR

ADD-ON
☐ NAME PER ARCH (CIRLCE: UPPER / LOWER / BOTH)
☐ COSMETIC CLASP ☐ WIRE REINFORCEMENT
☐ METAL MESH ☐ WIRE MESH
☐ WROUGHT WIRE CLASPS (PLEASE CIRLCE):
I-BAR / "C" / ROACH (Y-TYPE) / BALL

PARTIAL DESIGN
☐ HORSESHOE PALATE (UPPER)
☐ A-P STRAP (UPPER)
☐ FULL PALATAL METAL
☐ LINGUAL BAR OR PLATE (LOWER)

OCCLUSAL / ORTHODONTIC
☐ NIGHT GUARD (CIRCLE : HARD / SOFT / HYBRID)
☐ ATHLETIC MOUTH GUARD ☐ GELB SPLINT
☐ BLEACHING TRAY (CIRCLE: FOAM BACK OR BLUE BLOCKOUT) ☐ ESSIX
☐ OTHER: _____

ACRYLIC SHADE: ☐ HI-IMPACT STANDARD ☐ LUCITONE 199 ☐ ETHNIC (CIRLCE: LIGHT / MEDIUM / DARK)



Anterior Arrangement #:
Refer to "Individual Anterior Tooth Arrangement" #: 1-24
If left blank, denturist will design

Shade:

Please MARK all teeth to be extracted and replaced

Rx *INSTRUCTIONS:*

NATURAL SMILES DENTAL LAB USE ONLY

In-Lab Received
By & Time

Final Inspector
Date/Time