

# Sakr Dental Arts

601 Executive Dr  
Winter Park, FL 32789

# Removables

Phone: 407-629-6399  
Fax: 407-629-6303  
Web: www.sakrdentalarts.com  
Email: dany@sakrdentalarts.com

Rx DATE	DELIVER BY
DOCTOR'S NAME	PHONE NBR
DOCTOR'S ADDRESS	
PATIENT NAME (FIRST/LAST)	
MAKE OF TEETH	SHADE

### Instructions

## Full Denture

- Standard Denture
- Over Denture with Attachment
- Hybrid Denture
- Other \_\_\_\_\_

**Shade:** Anterior \_\_\_\_\_ Posterior \_\_\_\_\_

**Mould:** Anterior \_\_\_\_\_ Posterior \_\_\_\_\_

**Tissue:** Shade \_\_\_\_\_

**Finish:**  Smooth  Characterized

**Palate:**  Smooth  With Rugae

## Partial Denture

- Metal
- Metal Free
- Valplast

**Deliver:**  Frame Only  Frame with Rim  
 Frame w/Teeth Try-in  Frame w/Teeth Finish

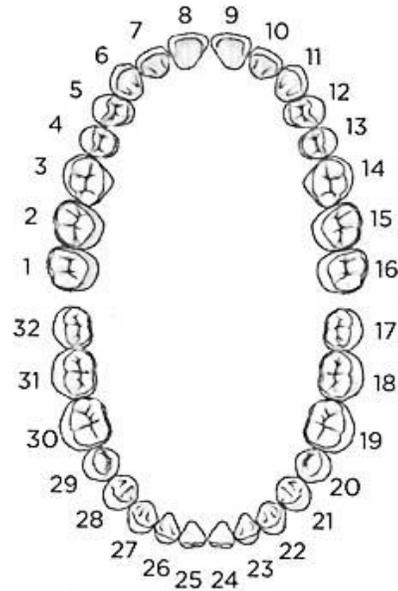
## Night Guard/Splint

- Hard
- Soft
- Hard/Soft

## Reline/Repair Denture or Partial

- Reline
- Repair
- Add Metal Reinforcement

## Design Your Case



### Incoming Check List

<input type="checkbox"/> Impression/Master	<input type="checkbox"/> Face Bow
<input type="checkbox"/> Opposing	<input type="checkbox"/> Articulator
<input type="checkbox"/> Bite	<input type="checkbox"/> Implant Impression Coping
<input type="checkbox"/> Pictures	<input type="checkbox"/> Implant Analog
<input type="checkbox"/> SD Card	<input type="checkbox"/> Implant Abutments
<input type="checkbox"/> CD	<input type="checkbox"/> Other _____
<input type="checkbox"/> Old Denture/Partial	

Signature \_\_\_\_\_ License Number \_\_\_\_\_