

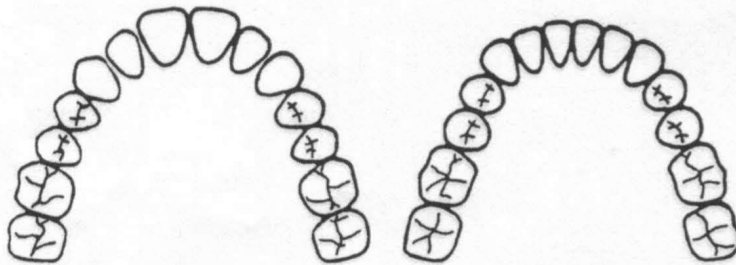
# Flexible & Metal /Acrylic Removables



<input type="checkbox"/> PHONE ME CONCERNING THIS CASE <input type="checkbox"/> SPECIAL INSTRUCTIONS ON FILE <input type="checkbox"/> INSURANCE <input type="checkbox"/> ORTHODONTIC STUDY MODELS <input type="checkbox"/> DUPLICATE CASTS	PLEASE SEND: <input type="checkbox"/> Rx SHEETS <input type="checkbox"/> MAILING LABELS <input type="checkbox"/> SHIPPING BOXES
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Dr \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Patient \_\_\_\_\_  
 Date Shipped \_\_\_\_\_  
 Date Needed \_\_\_\_\_

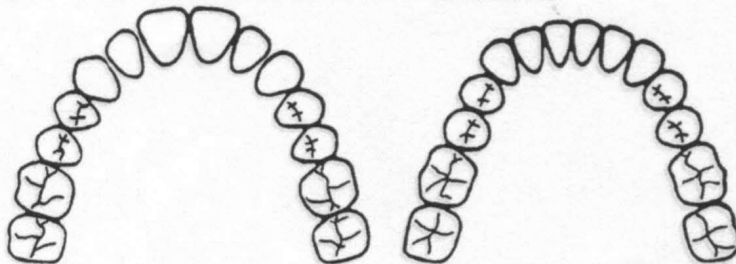
## FLEXIBLE PARTIALS



R UPPER L                      L LOWER R

Bilateral     Up     Lo  
 Unilateral     Up     Lo

## CAST PARTIALS AND COMPLETE DENTURES



R UPPER L                      L LOWER R

Up     Lo

Please circle teeth to be replaced

Shade of Teeth \_\_\_\_\_

Shade of Tissue

Std. Pink     Lt Pink     Dk Pink  
 Std. Meharry     Lt. Meharry

Custom Tray     Up     Lo

Try Ins are recommended on all Free End Partial

Try In Time \_\_\_\_\_

Finish Time \_\_\_\_\_

Special Instructions:

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