OpalShine
DENTAL LAB

#13 (2nd Floor), 3871 N Fraser Way, Burnaby, B.C. V5J 5G6
Tel. 236-996-6909
E-mail: digital@opalshine.ca

CLINIC / LAB: _____ DOCTOR: _____

PATIENT: _____ SEX: ____ AGE: ____

DATE SENT: _____ DUE DATE: _____

Removables RX

□ TRY-IN □ FINISH

□New Case □ Redo □ Repair

Removables

□ Remanium Star® Metal Partial (CoCr) □ Titanium Frame

□ Acrylic Partial □ Valplast Partial □ Immediate Denture □ Complete Denture

□ Nightguard (Thermoplastic) □ Add Tooth / Clasp

Procedure

□ Custom Tray □ Bite Block □ Frame Try-in □ Setup Try-in □ Framework Only
□ Reline □ Rebase □ Repair □ Finish

Design

□ Lab Design (□ Please send STL / design screenshot for approval)

Maxillary: □ Horseshoe □ Palatal Bar □ Full Palatal Plate
□ A-P Strap □ Palatal Strap □Full Palatal Mesh □ Unilateral

Mandibular: □ Lingual Bar □ Lingual Plate □ Double Lingual Bar □ Unilateral

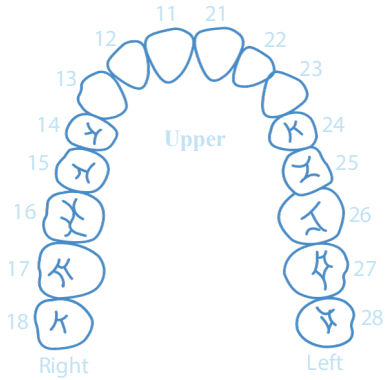
Type of Teeth

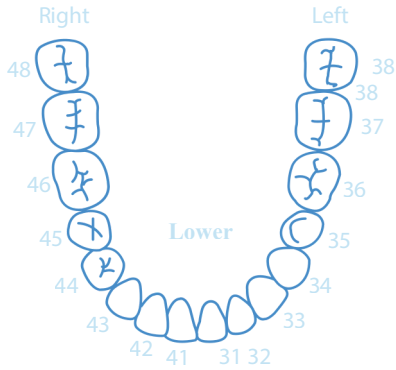
Tooth Mold: _____ Shade: _____ Type: □ Premium □ Standard

Items Enclosed

□ Impression □ Model □ Opposing Model □ Bite
□ Articulator □ Shade Tab □ Photos □ Metal Framework (Repair/Remake)
□ Other: _____

Rx





SPECIFIC INSTRUCTION

Signature_____

□ Prescription Pad □ Bag □ Shipping Box □ Please Call Doctor