EOCA Lab REMOVABLE PROSTHODONTICS

Dr Name:

Patient Name/ID:

Due Date:

Address:

City: State: Zipcode:

☐ EXPRESS DELIVERY

Signature:

Scanner Brand:

Digital Scan ID:

Dr Licence #:

PLEASE TICK OPTIONS BELOW

FRAMEWORK

- ☐ P/- Framework
- ☐ -/P Framework
- ☐ P/- Framework & try in with teeth
- ☐ -/P Framework & try in with teeth
- ☐ P/- Framework and process
- ☐ -/P Framework and process
- ☐ Proceed to finish
- ☐ Cobalt Chromium Framework
- ☐ Titanium Framework

Acrylic denture

- ☐ P/- Acrylic (try in only)
- ☐ -/P Acrylic (try in only)
- ☐ P/- Acrylic (straight to finish)
- ☐ -/P Acrylic (straight to finish)
- ☐ F/- try in with teeth
- ☐ -/F try in with teeth
- ☐ F/- process
- ☐ -/F process

- ☐ Immediate Replacement
  List teeth numbers _____
- ☐ Tooth Colored Clasps
  List teeth numbers and shade _____
- ☐ Clear clasps
  List teeth numbers and shade _____
- ☐ High Impact Acrylic

FLEXIBLE denture
(DuraFlex)

- ☐ P/- Flexible (try in only)
- ☐ -/P Flexible (try in only)
- ☐ P/- Flexible (finish)
- ☐ -/P Flexible (finish)

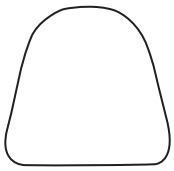
MISCELLANEOUS

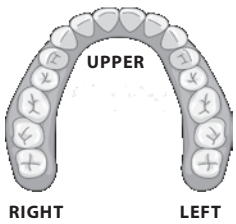
- ☐ Mouth Guard
- ☐ Bleaching Trays
- ☐ Diagnostic Wax Ups, teeth

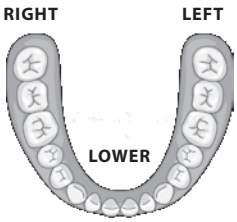
SHADE INSTRUCTIONS

Basic Shade: _____

Stump Shade: _____







Additional Instructions

eocalab.com

email your lab form to: contact@eocalab.com

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