Date _____ Appointment Date _____
Doctor _____
Patient _____
Office _____
Primary Contact Email _____

Smile Tech Labs

Shipping Address: 4210 N. Frontage Rd. #10
Fayetteville, AR 72703
Phone: (479) 879-5580
Email: lab@smiletechlabs.com

PARTIALS & DENTURES

- ☐ FWO — Framework Only
- ☐ CPS — Cast Partial Wax Setup w/ teeth
- ☐ CPSF — Cast Partial Denture Setup & Finished w/ teeth
- ☐ PWT — Partial Wax Try-In
- ☐ PDFO — Partial Denture Finish Only
- ☐ FDSF — Full Denture Setup & Finished w/ teeth
- ☐ FDSW — Full Denture Setup / Wax Only w/ teeth
- ☐ FDFO — Full Denture Finish Only
- ☐ APD — Acrylic Partial Denture
- ☐ VALPA — Valplast Partial Setup & Finished w/ teeth
- ☐ VASO — Valplast Setup Only
- ☐ VPFO — Valplast Finish Only
- ☐ VPFF — Valplast Partial Framework Finished w/ teeth
- ☐ FLV — Flipper Valplast - up to 3 teeth
- ☐ FLA — Flipper Acrylic - up to 3 teeth
- ☐ NB — Nesbit ☐ Acrylic ☐ Valplast
- ☐ REL — Reline
- ☐ NGS — Nightguard Soft
- ☐ NGH — Nightguard Hard
- ☐ NGHS — Nightguard Hard / Soft
- ☐ NGBT/NTI — Nightguard w/ Table NTI
- ☐ CT — Custom Tray
- ☐ OT — Ortho Clear Tray
- ☐ RET — Retainer
- ☐ HRET — Hawley Retainer
- ☐ BB/RIM — Bite Block / Wax Rim

IMMEDIATE

Tooth Number(s) to be removed

_____

Make Clasps Only

- ☐ Valplast
- ☐ Wrought Wire
- ☐ Metal
- ☐ Clear

TISSUE / GUM COLOR

- ☐ Meharry
- ☐ Normal Pink
- ☐ Clear

ENCLOSED WITH CASE

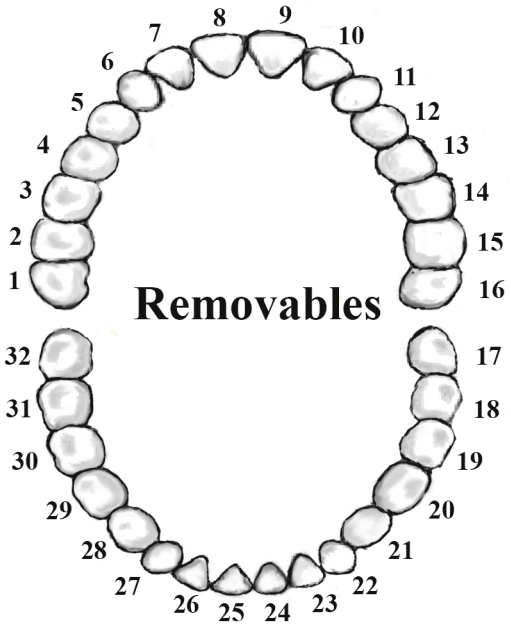
- ☐ Photos
- ☐ Impressions
- ☐ Models
- ☐ Bite Registration

TOOTH SHAPE

Shade _____

☐ Male ☐ Female

TOOTH NUMBER(S)/CASE DESIGN



SPECIAL INSTRUCTIONS

REDO