Right Bite DENTURES

975 SW 1st Ave
Ontario, OR 97914
541-889-3750

Provider _____ Patient _____

Address _____

City _____ ST _____ Zip _____

Phone (_____) _____-_____

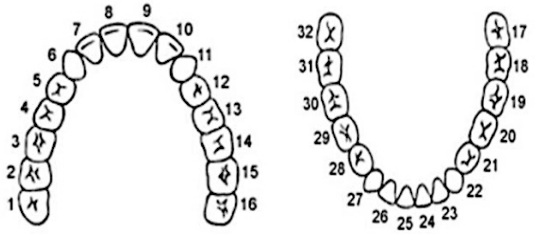
/ /

Due Date

REMOVABLE

UPPER LOWER

Right Left Right Left



Clasp (list tooth #'s):

Roach _____ C _____ Akers _____

I-bar _____ Ball _____ Dual Akers _____

Rests: _____ Other _____

Type of Prosthetic

MAX	MAN	
___	___	Complete Denture
___	___	Immediate Denture
___	___	Immediate RPD
___	___	All Acrylic RPD
___	___	Metal Frame RPD
___	___	High Performance Polymer RPD (HPP)
___	___	Flexible RPD
___	___	Flipper
___	___	Reline
___	___	Repair
___	___	Other

_____

FIXED

Ceramic Restorations

Full Contour Zirconia **Layered Zirconia*** **e.Max***

____ Bruxzir / TZI ____ Layered Zirconia ____ Cutback + Layered

***Recommended for Anterior** ____ Monolithic

_____ Shade

_____ MX Mold

_____ MN Mold

Provider Notes

_____ _____

Provider Signature License Number

_____

RBD Quality Check Initals