



710 Grand Avenue  
Unit #3  
Billings, Montana 59101  
PHONE (406)651-8603  
Email: pdlpix@gmail.com

DOCTOR: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PATIENTS NAME: \_\_\_\_\_  
AGE: \_\_\_\_\_ MALE  FEMALE   
DATE STARTED: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
RETURN DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_



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RETURN DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

- CUSTOM TRAY:**  
MAXILLARY   
MANDIBULAR
- BASE PLATE/OCCUSAL RIM:**  
MAXILLARY   
MANDIBULAR
- FULL DENTURE:**  
MAXILLARY   
MANDIBULAR
- IMMEDIATE DENTURE:**  
MAXILLARY   
MANDIBULAR
- CAST PARTIAL:**  
MAXILLARY   
MANDIBULAR
- WROUGHT PARTIAL:**  
MAXILLARY   
MANDIBULAR
- FLIPPER:**  
MAXILLARY   
MANDIBULAR
- RELINE: (HARD OR SOFT)**  
MAXILLARY   
MANDIBULAR
- TMJ SPLINT:**  
MAXILLARY   
MANDIBULAR
- REPAIR:**  
MAXILLARY   
MANDIBULAR
- FULL ARCH SET-UP:**  
MAXILLARY   
MANDIBULAR
- PARTIAL SET-UP:**  
MAXILLARY   
MANDIBULAR
- VALPLAST:**  
MAXILLARY   
MANDIBULAR

(CIRCLE ONE)  
TEETH: PLASTIC PORCELAIN  
POSTERIOR DEGREE: 0° 10° 20° 30° 33°

SHADE \_\_\_\_\_ MOLD \_\_\_\_\_

**SPECIAL INSTRUCTIONS:**

Midline - \_\_\_\_\_  
Incisal Length - \_\_\_\_\_  
Horizontal - \_\_\_\_\_  
Angulation - \_\_\_\_\_  
Labial Profile - \_\_\_\_\_  
Free Way Space - \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ LICENSE NO. \_\_\_\_\_

- CUSTOM TRAY:**  
MAXILLARY   
MANDIBULAR
- BASE PLATE/OCCUSAL RIM:**  
MAXILLARY   
MANDIBULAR
- FULL DENTURE:**  
MAXILLARY   
MANDIBULAR
- IMMEDIATE DENTURE:**  
MAXILLARY   
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MANDIBULAR

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SHADE \_\_\_\_\_ MOLD \_\_\_\_\_

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Midline - \_\_\_\_\_  
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Labial Profile - \_\_\_\_\_  
Free Way Space - \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ LICENSE NO. \_\_\_\_\_

For Office Use Only	Articulation <input type="checkbox"/>	Pour/Trim U: <input type="checkbox"/> L: <input type="checkbox"/>	Re-Articulate <input type="checkbox"/>	Base Model U: <input type="checkbox"/> L: <input type="checkbox"/>
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