Partial Design
If No Occlusal Clearance
☐ Metal Occlusal ☐ Spot Opposing for Rest Seat
Rest Seat # (s)

Major Connector
☐ Lab Select
☐ Horseshoe
☐ Open Horseshoe
☐ Palatal Strap
☐ A-P Palatal Strap
☐ Lingual Bar
☐ Lingual w/Kennedy Bar
☐ Lingual Plate
☐ Labial Bar

Clasps
☐ Lab Select
☐ I-Bar
☐ C-Clasp
☐ T-Bar
☐ Ring Clasp
☐ Half-and-Half Clasp
☐ Multiple Circumferential

New Denture Instructions
Tooth Shade: _______
Mold
☐ Anterior ________
☐ Posterior _________
☐ Degree __________

Denture Base Color
☐ Original ☐ Light ☐ Medium ☐ Dark

Anterior Aesthetic Requirements
☐ Ideal ☐ Copy Study Model ☐ Characterized ☐ Diastema(s)
☐ Photos ☐ See Additional Instructions

Patients Facial Shape
☐ Ovoid ☐ Square ☐ Tapering

Posterior Functional Requirements
☐ Class 1 (Ideal) ☐ Class 2 (Retrognathic) ☐ Class 3 (Prognathic)

The patient has had their denture(s) for _____ years.
☐ Papillameter Reading_______
☐ Alarimeter Reading__________

What does the patient like about their current denture(s)?

What does the patient dislike about their current denture(s)?

Signing this work authorization indicates that you agree to abide by the following conditions: 1) All invoices for work performed are due and payable within 30 days. 2) A service charge of 1.5% (18% APR) will be paid on all invoices over 30 days. 3) In the event that legal action becomes necessary, you agree to pay all collection and attorney fees involved in the collection of the debt.

Signature: ___________________________ Lic. # ____________________________