CaliforniaDentalArts

Removable & Implant Prosthetics

20421 Pacifica Drive • Cupertino, California 95014

Doctor Name_____ Date ____/____/_____

Patient Name_____ ☐ Male ☐ Female Age_____

Due Date ____/____/_____ Time ____:____ ☐ am ☐ pm Case Pan #_____

For internal use only

☐ Dr. to Take Pickup Impression ☐ Dr. to Mount Case ☐ Please Call (_____) _____

Dentures

- ☐ Custom Denture
- ☐ CDA Denture
- ☐ Classic Denture
- ☐ Hypoallergenic Denture
- ☐ Softliner
- ☐ Immediate Denture
- ☐ Duplicate Denture
- ☐ Custom Tray
- ☐ Bite Block
- ☐ Reline
- ☐ Rebase
- ☐ Repair
- ☐ Tissue Tinting
- ☐ Name in Denture

Partial Dentures

- ☐ Custom Wironium Partial
- ☐ CDA Vitallium Partial
- ☐ Classic Nobillium Partial
- ☐ Flexible Partial
- ☐ Unilateral RPD/Nesbit
- ☐ Flipper/Stayplate
- ☐ Flexible Clasps
- ☐ Name in Partial

Attachments

- ☐ Ceka
- ☐ ERA
- ☐ Locator
- ☐ Other_____

Implant Dentures

- ☐ Nobel Biocare All-on-4®
- ☐ Atlantis Conus
- ☐ Screw Retained Acrylic Hybrid
- ☐ Overdenture with Locator Bar
- ☐ Overdenture with Attachments
- ☐ Surgical Guide
- ☐ Verification Jig
- ☐ Bone Reduction Guide
- ☐ Provisional Denture

Nightguards and Therapy

Thermoform

- ☐ Hard/Soft Nightguard
- ☐ Hard Nightguard
- ☐ Soft Nightguard
- ☐ Clear Retainer
- ☐ Bleach Tray
- ☐ Essex Retainer

Heat Cured

- ☐ Talon Hard/Soft Nightguard
- ☐ Hard Nightguard
- ☐ TMJ Splint

Sleep Apnea

- ☐ Tap III Appliance

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_____
- ☐ Alameter Reading_____

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

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

Additional Instructions

☐ **Go to Finish**

Partial Design

If No Occlusal Clearance

☐ Metal Occlusal ☐ Spot Opposing for Rest Seat

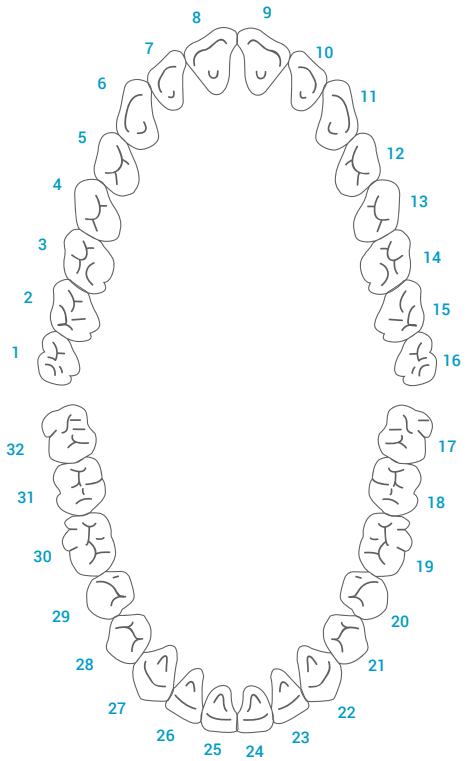
Rest Seat # (s)_____

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



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. #**_____

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