



4311 SW Research Way, Corvallis, Oregon 97333
tel: 800.445.5941 fax: 541.754.7478
obriendentallab.com

Doctor _____ Date _____

Patient _____ Sex _____ Age _____

Finish Date _____

HydroPak® Denture

- Setup: Try-In Ideal Characterized
- Finish Balanced Lingualized
- Degree: 0° 15° 30°

Shade: _____ Mold: _____

- Essentials: Base/Bite Standard Premium
- Complexion: Fair Medium Bold
- Immediate: Upper Lower
- Contour: Stippling Rugae
- Photos: Attached Email

Papillameter _____ mm

ALA Reading _____ mm

Partial Denture

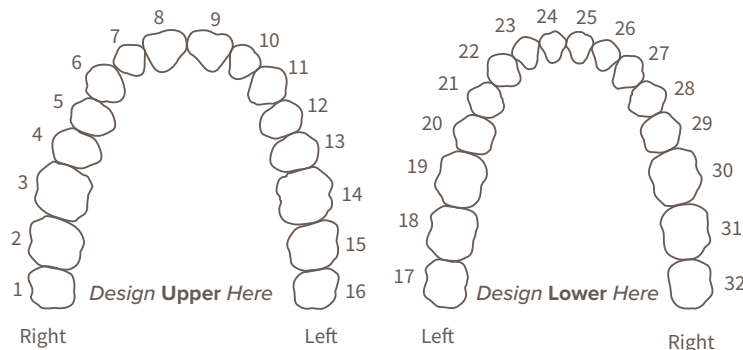
- Upper Frame w/Bite Block Frame Only Flexible Base
- Lower Frame w/Setup for Try-In Frame Finished

Related Products & Services

- Custom Tray Wax Record Base Reline Repair Jump

Splints

- Thermo-Splint® Classic Hard Splint
- Thermo-Splint® Hard Face O'Brien MPA™ (Snore Guard)
- Playsafe® Sports Mouthguard



Right

Left

Left

Right

Special Instructions

Doctor Signature _____

License Number _____