

Rx Removable

Lab Copy: white



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obriendentallab.com

Doctor _____ Date _____

Patient _____ Sex _____ Age _____

Delivery 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

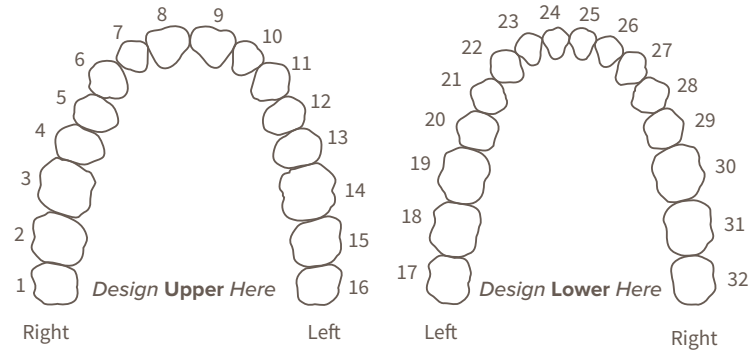
Custom Tray Wax Record Base Reline Repair Jump

Splints

Thermo-Splint® MPA™ (Mandibular Positioning Appliance)

Thermo-Splint® Custom Fit PlaySafe® Sports Mouthguard

Hard Splint



Special Instructions

Doctor Signature _____

License Number _____

GEN21-13

Improving the margins of success.®

Special Instructions

For Lab Use Only

of impressions _____

of models _____

of bites _____

of implant parts _____

of frameworks _____

of bite rims _____

of setups _____

INITIALS

DELIVER

ROUTE
