

11408 Cronridge Dr. Suite C • Owings Mills, MD. 21117
 PH 800-441-6647 • FX 410-581-2807 • www.aronovitch.net

CASE #

Dr. _____ Lic # _____

Address _____

Patient _____ Sex _____ Age _____

RETURN DATE _____ SHADE _____ TOOTH#(S) _____

Please check all that apply

TRY-IN ___ RESET ___ FINISH ___ REMAKE ___ PLEASE CALL ME ___

(C & B) *HN=High Noble *N=Noble *NP=Non Precious *FC=Full Cast

Lava ___ PZ ___ Captek ___ Ceramage Inlay/Onlay ___ Empress Veneer ___

Porc to HN ___ Porc to N ___ Porc to NP ___ HN FC ___ NFC ___ NP FC ___

MD Bridge ___ Temporary ___ Bisque Bake ___

(REMOVABLE) - PREMIUM ___ STANDARD ___ BASIC ___

Acrylic ___ Cast Frame ___ Valplast ___ Bite Block ___ Custom Tray ___

Acrylic Shade - Regular ___ Light Maharry ___ Dark Maharry ___ 199 ___

Temp Flipper ___ Duracetal Clasp ___ VisiClear Clasp ___ Name in Denture ___

(MOUTH GUARDS)

ThermoGuard ___ Hard NG ___ Hard / Soft NG ___ Soft NG ___ ProGuard ___

(OTHER)

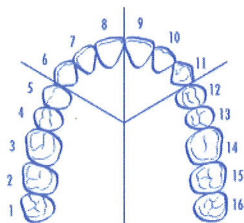
Add Clasp ___ Add/Replace Tooth ___ Add Strengthener ___ Repair ___ Reline ___

Rebase ___ Hawley Retainer ___ Space Maintainer ___ Steels Facing/Boxing ___

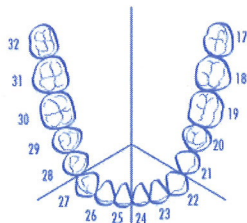
Implant Surgical Stent ___ Metal Guide Tubes ___ Design & Estimate ___

CASE DESIGN

ADDITIONAL INSTRUCTIONS



Upper



Lower

DR'S SIGNATURE: _____