



REMOVABLE ORDER FORM

Client Name:
Doctor Name:

Case#:
Patient:

Ship Out Date: / /
Case Due date: / /

Tooth Shade _____

Photos E-mail To : fredlee@beeboxmedical.com

Metal Partial

- Co-Cr
- Vitallium2000
- Titanium Frame
- Clear Frame

Removable Extrals

- Custom Tray
- Bite Block
- Base plate
- Gum Reduction Guide
- Bone Reduction Guide
- Surgical Guide
- Wire Reinforcement

- Name in Denture
- Repair
- Soft Reline
- Rebase
- Verification Jig
- Wire Reinforcement
- Add mesh

Night Guard&Therapy

- Hard
- Soft
- Soft Inside/Hard Outside
- Canine Rise Guidance
- Sports Mouthguard

Valplast/Flexible Dentur

- Valplast
- TCS Flexible

- Bone Reduction Guide
- Surgical Guide
- Wire Reinforcement

- Verification Jig
- Wire Reinforcement
- Add mesh

- Bleaching Tray
- Essex Retainer
- Flat Plane

Acrylic Denture

- Partial Denture
- Full Denture
- Immediate Denture
- Provisional Denture

Design

- Lab Select
- Horseshoe
- Open Horseshoe
- Lingual Bar
- Lingual Plate
- Labial Bar

Clasps

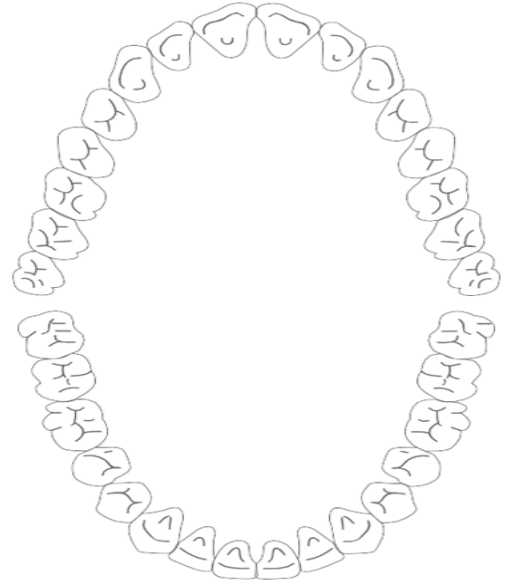
- Lab Select
- Tooth color clasp
- Clear Clasp
- Valplast clasp
- Ball clasps
- Ring clasps

Anti-Snoring

- Snore guard
- Type: _____

Orthodontic

- Clear Retainer
- Type _____



Implant Dentures

- Screw Retained Acrylic Hybrid
- Bar&Overdenture
- Overdenture with Attachment
- Overdenture with Locator Bar

TRY IN

FINISH

Additional Instructions:

Aesthetic&Functional Requirements

- Ideal Copy Study Model Characterized Diastema(s)
- Photos See Additional Instructions
- Denture Base Color
- Original Light Medium Dark
- Posterior Functional Requirements**
- Class 1 (Ideal) Class 2 (Retrognathic) Class 3 (Prognathic)
- Facial Forms
- Square** **Tapering** **Oval**
- What patient Like:** _____
- What Patient Dislike:** _____

Partial Design if no occlusal Clearance:(must select)

Metal Occlusal

Spot opposing for rest seat

Email me photo