

AURARIA DENTAL LAB, INC.
 1201 SANTA FE DR. #F
 DENVER, CO 80204
 PH: 303-892-0359 FAX: 303-892-0660

email: aurariadentallab@aol.com
 website: www.aurariadentallabinc.com

Case # _____ Date Prepared ___/___/___ Date Due Back ___/___/___

Dr. _____ Phone _____

Address _____

City _____ State _____ Zip _____

Pt. Name _____ Age _____ Sex _____

DENTURES

- Full Denture
- Immediate Denture
- Treatment Denture
- Reline
- Soft Reline
- Rebase/Jump
- Repair
- Other

PARTIALS

- Framework Partial
- Acrylic Partial
- FRS/Flexible Partial
- Gasket Partial
- Nesbit/Unilateral Partial
- Other

ORTHODONTICS

- Nightguard
- Thermoguard
- Hybrid Guard
- Athletic Mouthguard
- Snoreguard
- Bleaching Tray
- Hawley Retainer
- Space Maintainer
- Surgical Guide
- Other

Acrylic Options:

- Standard
- Lucitone 199
- African American Acrylic light medium dark

Teeth Options:

- Classic
- Portrait IPN
- Ivoclar Vivadent
- Porcelain
- Other

CROWN & BRIDGE

Porcelain to Metal

- Captek
- High Noble
- Noble White
- Non Precious

All Porcelain

- Empress
- Empress Eris
- Laminate Veneer
- Inlay/Onlay

Die Spacer

- No spacer
- 1 coat
- 2 coats

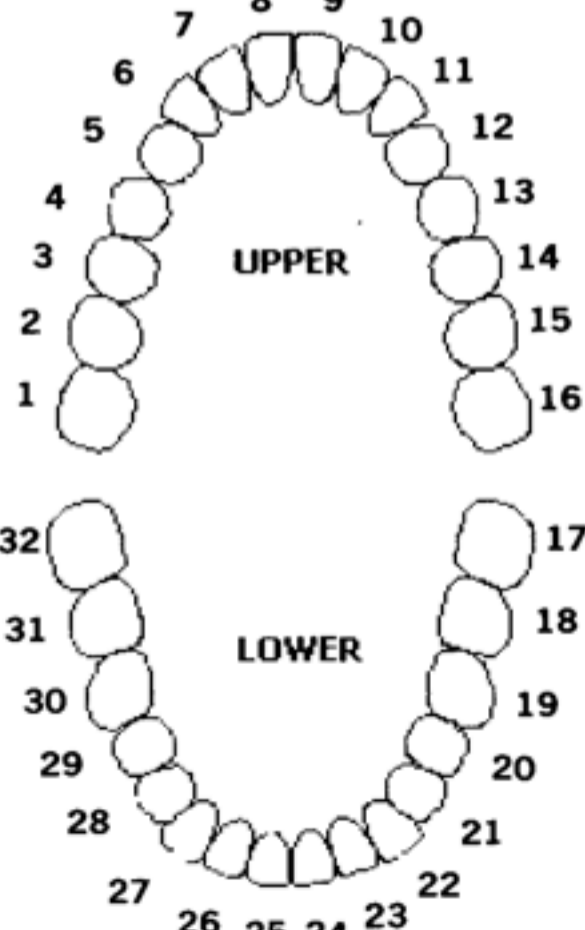
Occlusion

- Out of occlusion
- Light
- Heavy

Contacts

- Light
- Heavy

RIGHT **LEFT**



SPECIAL INSTRUCTIONS

RIGHT **LEFT**

Dr. Signature _____ Date _____