

FULL DENTURE

Please check the appropriate box

- ☐ Maxillary
- ☐ Mandibular
- ☐ Immediate

- ☐ Reset
- ☐ Baseplate/Bite Rim
- ☐ Set Teeth/Finish
- ☐ Set Teeth/Try-In
- ☐ Finish

Shade: _____

Mold: _____

ACRYLIC

- ☐ Pink
- ☐ Ethnic (choose from below options)
- ☐ Mild ☐ Moderate ☐ Dark

SPECIAL INSTRUCTIONS

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on the right side, suggesting it's resting on a surface.

FOR LAB USE ONLY:

FROM:

DHS
Medicaid Rx

Due Date: _____

Patient Name: _____

Medicaid ID: _____

P A Number: _____

Birth Date: _____

- ☐ Female ☐ Male

Provider Number: _____

PARTIAL DENTURE

Please check the appropriate box

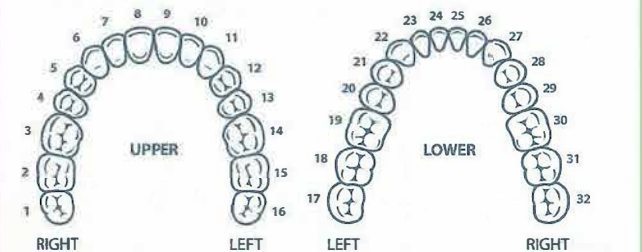
- ☐ Maxillary
- ☐ Mandibular
- ☐ Immediate
- ☐ Bent Wire Clasp
- ☐ Cast Clasp
- ☐ Reset
- ☐ Baseplate/Bite Rim
- ☐ Set Teeth/Finish
- ☐ Set Teeth/Try-In
- ☐ Finish

Shade: _____

ACRYLIC

- ☐ Pink
- ☐ Ethnic (choose from below options)
- ☐ Mild ☐ Moderate ☐ Dark

DESIGN



Dr.'s Signature _____

License #	Date
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