ABSOLUTE ACRYLICS

919 403 0604 **voice**
844-293-ADS (2371) **toll free**
919 490 1314 **fax**
absolutedentallab.com

DUE DATE: ____________________

TIME DUE: ____________________

TODAY'S DATE: ____________________

LOCATION: ____________________

Please follow our delivery schedule.

PATIENT IDENTIFICATION CODE (PIC): ____________________

Required for case communication to maintain HIPAA compliance. Please enter existing PIC (already used within your office). Or create a 5-7 digit code (alpha & numerical) Example: Pt. John Doe = JD1234. Please chart this code for your records.

DOCTOR'S NAME: ____________________

PATIENT'S NAME: ____________________

DENTURES

- ☐ Max ☐ Mand
- ☐ Standard ☐ Immediate
- ☐ Premium ☐ Signature*

Call for details

TISSUE SHADE

- ☐ Original ☐ Dark Red Pink
- ☐ Light Pink* ☐ Original Opaque
- ☐ Light Red Pink ☐ Send Shade Guide

**Preferred standard shade*

FINISH

Signature Series or Premium Only

- ☐ Smooth ☐ Characterized
- ☐ Stippling ☐ Rugae

ADDITIONAL SERVICES

- ☐ Try-In
- ☐ Back-Up Denture
- ☐ Custom Tray
- ☐ Bite Rim
- ☐ Process
- ☐ Duplicate Current Denture
- ☐ Additional Try-In
- ☐ Use Current Denture for Bite Rim/Custom Tray

PARTIAL

- ☐ Max ☐ Mand
- ☐ ABSOLUTE CARBONCLEAR
- ☐ ABSOLUTE CARBONFLEX Partials of the Future
- ☐ Cast Metal
- ☐ Duraflex Partial
- ☐ Duraflex Nesbit
- ☐ Acrylic Partial
- ☐ Acrylic Flipper

NEXT APPOINTMENT

- ☐ Try-in
- ☐ Try-in w/ Bite Rim
- ☐ Try-in w/ Teeth
- ☐ Process To Final

REPAIR SERVICES

- ☐ Reline ☐ Add Tooth
- ☐ Rebase ☐ Add Clasp
- ☐ Repair

BRUXISM

- ☐ Flat Plane Night Guard
- ☐ Comfort H/S
- ☐ Bleaching Tray

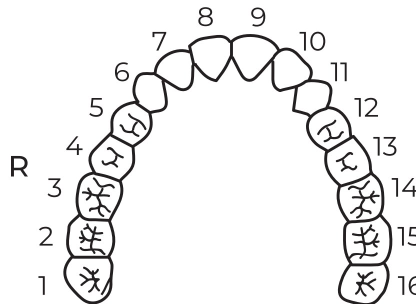
OTHER SERVICES

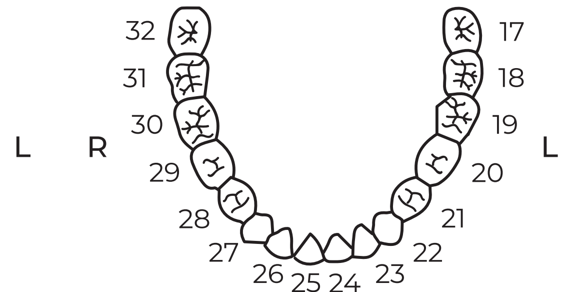
- ☐ Space Maintainer

Sleep Apnea/Snore Guard

- ☐ Panthera ☐ EMA

TOOTH INFORMATION





Tooth Shade: ____________ Tooth Mold#: ____________

INSTRUCTIONS: ____

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SIGNATURE: ____________________ **LICENSE #:** ____________________

WE NEED:

- ☐ Prescription Forms
- ☐ Mailing Labels
- ☐ Mailing Boxes

Scan to Upload Shades: