



ABSOLUTE ACRYLICS

843 554 4246 **voice**
844 293 ADS1 (2371) **toll free**
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

- | | |
|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> Max | <input type="checkbox"/> Mand |
| <input type="checkbox"/> Standard | <input type="checkbox"/> Immediate |
| <input type="checkbox"/> Premium | <input type="checkbox"/> Signature* |
- *Call for details*
- 

TISSUE SHADE

- | | |
|---|---|
| <input type="checkbox"/> Original | <input type="checkbox"/> Dark Red Pink |
| <input type="checkbox"/> Light Pink* | <input type="checkbox"/> Original Opaque |
| <input type="checkbox"/> Light Red Pink | <input type="checkbox"/> Send Shade Guide |
- *Preferred standard shade*

FINISH

Signature Series or Premium Only



- | | |
|------------------------------------|--|
| <input type="checkbox"/> Smooth | <input type="checkbox"/> Characterized |
| <input type="checkbox"/> Stippling | <input type="checkbox"/> 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

- | | |
|------------------------------|-------------------------------|
| <input type="checkbox"/> Max | <input type="checkbox"/> Mand |
|------------------------------|-------------------------------|
- 
 - 
 - 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

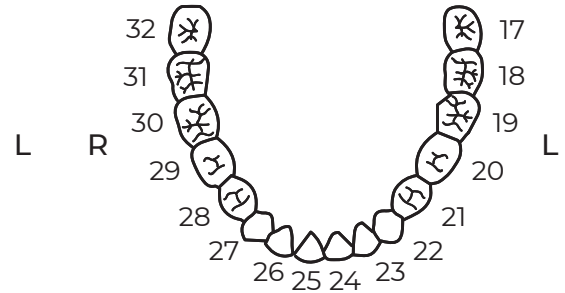
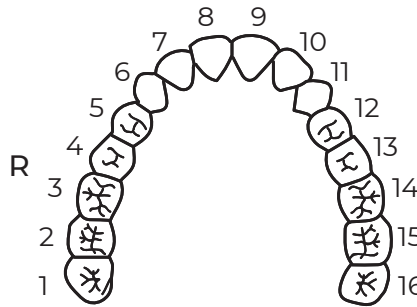
- | | |
|---------------------------------|------------------------------------|
| <input type="checkbox"/> Reline | <input type="checkbox"/> Add Tooth |
| <input type="checkbox"/> Rebase | <input type="checkbox"/> Add Clasp |
| <input type="checkbox"/> Repair | |

BRUXISM

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

-
-
-

TOOTH INFORMATION



Tooth Shade: _____ Tooth Mold#: _____

INSTRUCTIONS: _____

- WE NEED:**
- Prescription Forms
 - Mailing Labels
 - Mailing Boxes

Scan to Upload Photos:



SIGNATURE: _____ **LICENSE #:** _____

Terms: Net 30 with service charge of 1.5% per month on charges over 30 days after statement date