

DR.: _____ DATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE : () _____

SIGNATURE: _____ LICENSE #: _____

EMAIL: _____

- Custom Tray
- Baseplate and Rim

- Extractions (Tooth #): _____
- Full Immediate Ext: Upper Lower

DENTURES

- Premium Denture
- Standard Denture
- Premium Digital Denture
- Suction Cup Denture

- Immediate
- Try-in Arrangement
- Retry-in (1st one N/C)
- Process & Finish

Make of Teeth: Mould Preference _____ Gold Shell (Tooth #): _____

Standard: Classic | Premium: Portrait Mondial | Special Order: Ivoclar VITA

- Acrylic/Tissue:
- Lucitone 199 (Light/Medium Pink)
 - Lucitone 199 (Pink)
 - Lucitone 199 (Light Reddish Pink)
 - Meharry Light
 - Meharry Medium
 - Meharry Dark
- * Meharry is a Purplish Pink

Name in Appliance (Required): _____

PARTIAL DENTURES

Metal-Based: Wironium®/Vitallium Frame Standard Frame

- Frame Only
- Bite Block
- Try-in Arrangement
- Process & Finish

Frame Specifications (Tooth #): Metal Occlusal _____ Cast Facing _____

Finish Partial Framework: Premium Standard Ivocap (Select Tissue Shade Below)

Flexite/Snowrock Valplast (Non-Repairable) Acrylic Resin (Flipper)

Gasketed (Acrylic Only) Nesbit (Select Finish Material): Flexite Valplast

- Immediate
- Try-in Arrangement
- Retry-in (1st one N/C)
- Process & Finish

Make of Teeth: Mould Preference _____ Gold Shell (Tooth #): _____

Standard: Classic | Premium: Portrait Mondial | Special Order: Ivoclar VITA

Flexite/Tissue: Pink Dark Meharry Clear

Valplast/Tissue: Light Pink Pink Light Meharry Medium Meharry

- Acrylic/Tissue:
- Lucitone 199 (Light/Medium Pink)
 - Lucitone 199 (Pink)
 - Lucitone 199 (Light Reddish Pink)
 - Meharry Light
 - Meharry Medium
 - Meharry Dark
- * Meharry is a Purplish Pink

Name in Appliance (Acrylic Only): _____

Clasp Options: Clear Clasp Cast Clasp Wire Clasp Ball Clasp

REPAIR SERVICES

- Reline
- Rebase
- Acrylic Resin Repair
- Lazer Weld

Photos sent to photos@newimagedl.com



1395 Southlake Parkway • Morrow, GA 30260
 (770) 968-0911 • (800) 233-6785
 Fax (770) 960-1758
www.NewImageDentalLab.com

PATIENT NAME

Male Female Age: _____

Shade: _____

DUE DATE: _____
(date returned to your office)

Patient not appointed/standard turnaround

Patient appointed on: _____

Send Supplies

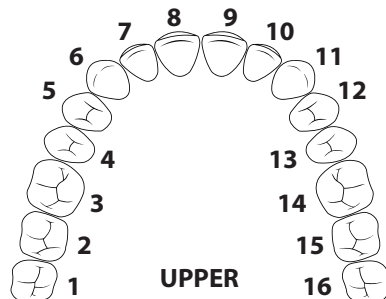
RX Forms: Crown & Bridge

Implant Removable

Bags: Ground 2-Day Next Day

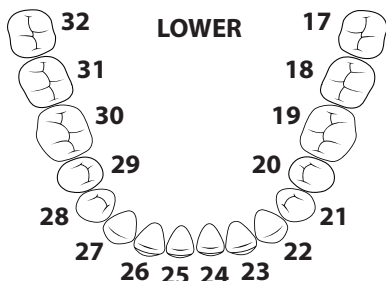
Package: Case Boxes OSHA Bags

DESIGN CASE HERE:



RIGHT

LEFT



Date Received: _____

NIGHTGUARDS/BITE SPLINTS

- UPPER
- LOWER
- DAYGUARD

UltraFlex™ Nightguard

UltraFlex with Soft Liner

Acrylic Heat Processed Nightguard

Hard Acrylic with Soft Liner

- Colors (optional):
- Royal Blue
 - Red
 - Glitter
 - Peach
 - Pink
 - Violet
 - Yellow
 - Orange
 - Green
 - Clear

DigitalFlex™ Nightguard

*Only Available in Clear

Comfort H/S™ Thermoform Splint

Colors (optional): Blue Green Pink

THE DEFENDER MOUTHGUARD

UPPER ONLY

Junior/Kids Light Pro Medium Pro Heavy Pro

Colors (please select):

- Pure White
- Deep Green
- Bright Pink
- Maroon
- Lava
- Confetti
- Bright Yellow
- Silver
- Bright Red
- Deep Black
- Lava Strip
- Zebra
- Gold
- Light Blue
- Deep Red
- Camouflage
- Tie-Dye
- Silver Flakes
- Bright Green
- Bright Blue
- Red, White & Blue
- Camouflage Strip
- Rainbow
- Gold Flakes

Optional:

Helmet Strap Name: _____

THERMOFORM RETAINERS

- UPPER
- LOWER

New Smile Retainer

- Thin Material (0.8mm)
- Standard Material (1.0mm)
- Thick Material (1.5mm)
- Flex Material (0.76mm)

Essix Appliance

Tooth: _____

Shade: _____

Bleach Trays (White & Brite)

Please call doctor for instructions

Special Instructions: _____

ENCLOSED WITH CASE (for lab use only)

- _____ Impression
- _____ Working Model
- _____ Framework
- _____ Upper Partial
- _____ Bite
- _____ Opposing Model
- _____ Shade Tab
- _____ Lower Partial
- _____ Bite Block
- _____ Study Models
- _____ Photos
- _____ Implant Parts