

DR.: _____ DATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE : () _____

SIGNATURE: _____ LICENSE #: _____

EMAIL: _____

- Custom Tray
- Baseplate and Rim

DENTURES

- Premium Denture
- Premium Digital Denture
- Immediate
- Try-in Arrangement
- Retry-in (1st one N/C)
- Process & Finish
- Standard Denture
- Suction Cup Denture
- Make of Teeth: _____ Mould: _____ Shade: _____
- Acrylic/Tissue: Lucitone 199 (Light Pink)
- Lucitone 199 (Pink)
- Lucitone 199 (Light Reddish Pink)
- Lucitone 199 (Dark Pink)
- Meharry Light
- Meharry Medium
- Meharry Dark
- Name in appliance: _____

PARTIAL DENTURES

- Wironium®/Vitallium Frame
- Standard Frame
- Gasketed
- Flexite
- Valplast
- Nesbit
- Acrylic Resin (Flipper)
- Deliver with: Frame Only
- Bite Blocks
- Set-Up
- Finish Partial Frameworks: Premium
- Standard
- Ivocap
- Finish Flexite: Pink
- Lucitone Pink
- Dark Meharry
- Clear
- Finish Valplast: Light Pink
- Standard Pink
- Light Meharry
- Medium Meharry
- Make of Teeth: _____ Mould: _____ Shade: _____
- Acrylic/Tissue: Lucitone 199 (Light Pink)
- Lucitone 199 (Pink)
- Lucitone 199 (Light Reddish Pink)
- Lucitone 199 (Dark Pink)
- Meharry Light
- Meharry Medium
- Meharry Dark
- Name in appliance: _____

- Metal Occlusal _____ Cast Facing _____ Gold Shell _____
- Tooth# Tooth# Tooth#
- Clear Clasp
- Cast Clasp
- Tooth Shade Clasp
- Wire Clasp
- Shade: _____
- Ball Clasp
- Laser Weld

ADDITIONAL SERVICES

- RELINE
- REBASE
- ACRYLIC RESIN REPAIR

Photos sent to photos@newimagedl.com



NEW IMAGE
DENTAL LABORATORY®

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: _____

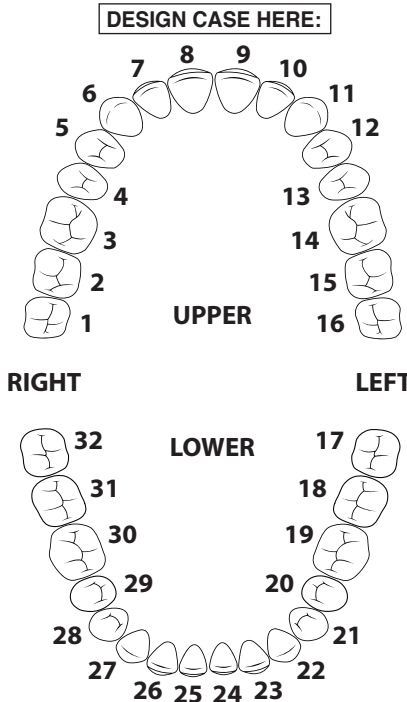
Send Supplies

RX Forms: Crown & Bridge Implant

Removable New Smile Clear Aligners

Bags: Ground 2-Day Next Day

Package: Case Boxes OSHA Bags



Date Received: _____

NIGHTGUARDS/BITE SPLINTS

- UPPER
- LOWER
- DAYGUARD

- UltraFlex™ Nightguard
 - UltraFlex with Soft Liner
- Comfort H/S™ Thermoform Splint
 - Colors (optional): Blue Green Pink
- Colors (optional): Royal Blue Red Glitter
- Violet Yellow Orange
- Green Pink Peach
- Acrylic Nightguards
 - Hard Acrylic with Soft Liner
 - Hard Acrylic Heat Processed
- DigitalFlex™ Nightguard - Clear

THE DEFENDER MOUTHGUARD

UPPER ONLY

- Junior/Kids
- Light Pro
- Medium Pro
- Heavy Pro
- Colors (please select): Pure White Bright Yellow Gold Bright Green
- Deep Green Silver Light Blue Bright Blue
- Bright Pink Bright Red Deep Red Red, White & Blue
- Maroon Deep Black Camouflage Camouflage Strip
- Lava Lava Strip Tie-Dye Rainbow
- Confetti Zebra Silver Flakes 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

Note: Retain Yellow Sheet For Your Records and Return White Sheet to lab.