

DR.: _____ DATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE : () _____

SIGNATURE: _____ LICENSE #: _____

EMAIL: _____

Custom Tray

Baseplate and Rim

Custom Tray with Rim

Extractions (Tooth #): _____

Full Immediate Ext: Upper Lower

DENTURES

Premium Traditional Denture

Premium Digital Denture

Standard Traditional Denture

Standard Digital Denture

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

Copy Digital Denture

Acrylic/Tissue: Lucitone 199 (Light/Medium Pink)

Meharry Light*

Lucitone 199 (Pink)

Meharry Medium*

Lucitone 199 (Light Reddish Pink)

Meharry Dark*

* Meharry is a Purplish Pink

Name in Appliance (Required): _____

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

PARTIAL DENTURES

Metal-Based: Wironium®/Vitalium Frame Standard Frame

Frame Only Bite Block Try-in Arrangement Process & Finish

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

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

Digital FlexiPartial

FlexiPartial

Valplast (Non-Repairable)

Nesbit (Select Finish Material): Digital FlexiPartial FlexiPartial Valplast

Acrylic Resin (Flipper) Gasketed (Acrylic Only)

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

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

Flexite/Tissue: Pink Dark Meharry Clear

Valplast/Tissue: Light Pink Pink Light Meharry* Medium Meharry*

Acrylic/Tissue: Lucitone 199 (Light/Medium Pink)

Meharry Light*

Lucitone 199 (Pink)

Meharry Medium*

Lucitone 199 (Light Reddish Pink)

Meharry Dark*

Lucitone 199 (Dark Pink - Partials Only) * 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



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

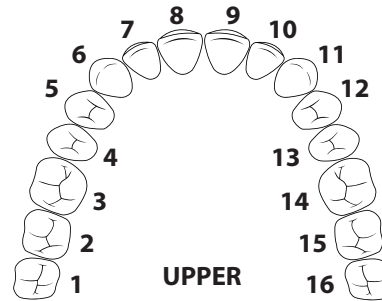
RX Forms: Crown & Bridge

Implant Removable

Labels: Ground 2-Day Next Day

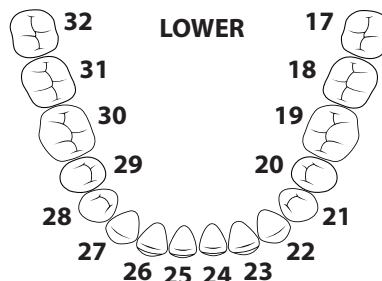
Package: Case Boxes OSHA Bags

DESIGN CASE HERE:



RIGHT

LEFT



Date Received: _____

NIGHTGUARD APPLIANCES

UPPER LOWER DAYGUARD

Select Nighguard Specifications:

Design: Flat Cervical Edge (Standard) Scalloped Cervical Edge

Function: Centric Contact with Slight Ramp (Standard)

Flat Occlusal (No Ramp) Anterior Ramp Discluding Centric

UltraFlex™ Nightguard

UltraFlex with Soft Liner

Colors (optional): Royal Blue Glitter Pink

Orange Violet Yellow Red Green

Crystal Clear Acrylic (PMMA) Nightguard

Crystal Clear Acrylic with Soft Liner

All Nightguards are fabricated digitally with a saved record

GentleFlex™ Nightguard

Printed Clear

Duplicate Guard

EMA 3D Sleep Appliance™

Printed Clear

THE DEFENDER MOUTHGUARD

UPPER

LOWER

Junior/Kids

Light Pro Light-Impact Sport (Volleyball)

Medium Pro Mild-Impact Sport (Soccer)

Heavy Pro Heavy-Impact Sport (Football)

Color Requested: _____

Optional: Helmet Strap Name: _____

THERMOFORM APPLIANCES

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

Comfort H/S™ Thermoform Splint

Colors (optional): Blue Green Pink

Please call doctor for instructions

Special Instructions: _____

Photos sent to photos@newimagedl.com

ENCLOSED WITH CASE (for lab use only)

_____ Impression

_____ Bite

_____ Bite Block

_____ Working Model

_____ Opposing Model

_____ Study Models

_____ Framework

_____ Shade Tab

_____ Photos

_____ Upper Partial

_____ Lower Partial

_____ Implant Parts