



ABSOLUTE ACRYLICS
919-403-0604 **voice**
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919-490-1314 **fax**
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shades@absolutedentalservices.com
absolutedentallab.com

DUE DATE: _____

TIME DUE: _____

TODAY'S DATE: _____

Please follow our delivery schedule.

DOCTOR'S NAME: _____

PATIENT'S NAME: _____

DENTURE

- ☐ Max ☐ Mand ☐ Premium Denture
☐ Signature Series With Premium Teeth ☐ Standard Denture
☐ Signature Series with Nano-Ceramic Teeth
**Limited Shades Available*

FINISH

Signature Series or Premium Only

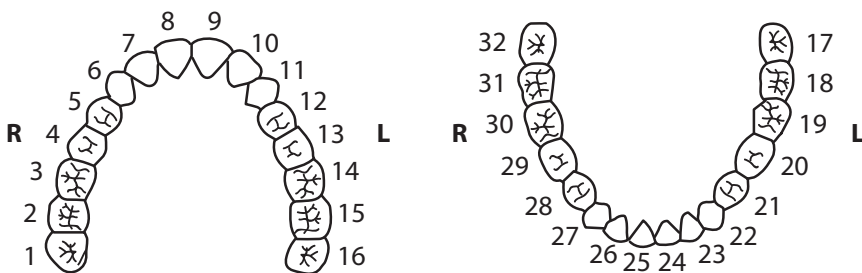
- ☐ Smooth ☐ Stippling ☐ Characterized ☐ Rugae

ADDITIONAL SERVICES

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

**Limited Shades Available*

TOOTH INFORMATION



Shade: _____ Tissue Shade: OR / LT / LRP / DRP

INSTRUCTIONS: _____

SIGNATURE: _____ **LICENSE #:** _____

WE NEED: ☐ Prescription Forms ☐ Mailing Labels ☐ Mailing Boxes