



ABSOLUTE ACRYLICS
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shades@absolutedentalservices.com
absolutedentallab.com

DUE DATE: _____

TIME DUE: _____

TODAY'S DATE: _____

See Digital Delivery Schedule

DOCTOR: _____

PATIENT: _____

DIGITAL DENTURE RX

☐ Max ☐ Mand

- | | |
|--|---|
| <input type="checkbox"/> Premium Denture | <input type="checkbox"/> Signature Series With Premium Teeth |
| <input type="checkbox"/> Standard Denture | <input type="checkbox"/> Signature Series with Nano-Ceramic Teeth |
| <i>Limited Shades Available for Nano-Ceramic Teeth</i> | |

TISSUE SHADE

- | | |
|---|--|
| <input type="checkbox"/> Original | <input type="checkbox"/> Dark Reddish Pink |
| <input type="checkbox"/> Light Pink | <input type="checkbox"/> Original Opaque |
| <input type="checkbox"/> Light Reddish Pink | |

FINISH

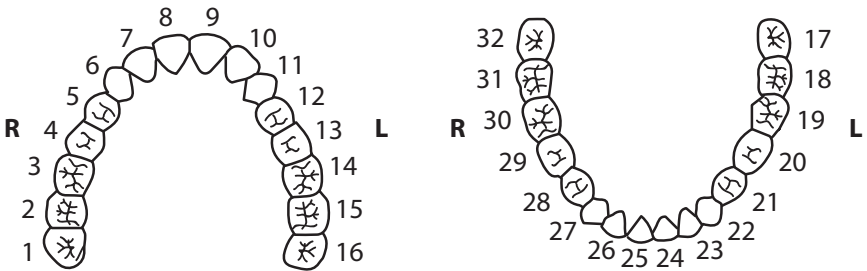
Signature Series or Premium Only

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

ADDITIONAL SERVICES

- | | |
|---|--|
| <input type="checkbox"/> Back-Up Denture | <input type="checkbox"/> Process |
| <input type="checkbox"/> Custom Tray | <input type="checkbox"/> Duplicate Current Denture |
| <input type="checkbox"/> Bite Rim | <input type="checkbox"/> Additional Try-In |
| <input type="checkbox"/> Use Current Denture for Bite Rim/Custom Tray | |
| Try-In | <input type="checkbox"/> w/ Pink Wax <input type="checkbox"/> w/o Pink Wax |
| <i>Limited Shades Available for Printed Try-in Denture</i> | |

TOOTH INFORMATION



Shade: _____

INSTRUCTIONS: _____

SIGNATURE: _____ **LICENSE #:** _____

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