

AURARIA DENTAL LAB, INC.
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Case # _____ Date Prepared ___/___/___ Date Due Back ___/___/___
 Dr. _____ Phone _____
 Address _____
 City _____ State _____ Zip _____
 Pt. Name _____ Age _____ Sex _____

DENTURES

- Full Denture
- Immediate Denture
- Treatment Denture
- Reline
- Soft Reline
- Rebase/Jump
- Repair
- Other

PARTIALS

- Framework Partial
- Acrylic Partial
- FRS/Flexible Partial
- Gasket Partial
- Nesbit/Unilateral Partial
- Other

ORTHODONTICS

- Nightguard
- Thermoguard
- Hybrid Guard
- Athletic Mouthguard
- Snoreguard
- Bleaching Tray
- Hawley Retainer
- Space Maintainer
- Surgical Guide
- Other

Acrylic Options:

- Standard
- Lucitone 199
- African American Acrylic light medium dark

Teeth Options:

- Shade
- Guide
- Mold
- Classic
- Portrait IPN
- Ivoclar Vivadent
- Porcelain
- Other

CROWN & BRIDGE

Porcelain to Metal

- Captek
- High Noble
- Noble White
- Non Precious

All Porcelain

- Empress
- Empress Eris
- Laminate Veneer
- Inlay/Onlay

Die Spacer

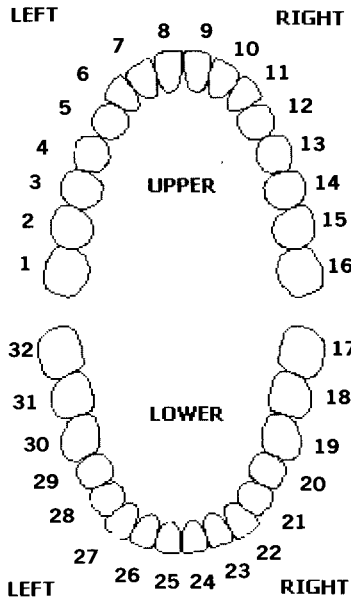
- No spacer
- 1 coat
- 2 coats

Occlusion

- Out of occlusion
- Light
- Heavy

Contacts

- Light
- Heavy



SPECIAL INSTRUCTIONS

Dr. Signature _____ Date _____