

Dr. \_\_\_\_\_



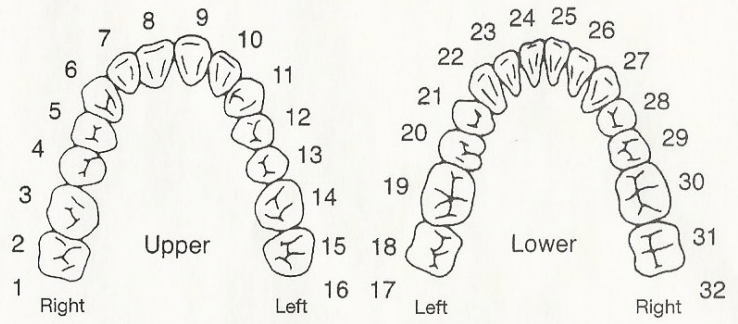
Return Date \_\_\_\_\_

Seat Time \_\_\_\_\_

Patient \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

Doctor's Instructions

REMOVABLES



FACIAL CHARACTERISTICS:

- Basic Face Form: Square, Square Tapering, Tapering, Ovoid
Facial Asymmetry: Dominant Right, Dominant Left, Diastema

TEETH:

Table with columns for Shade and Mould, rows for Anteriors, Posteriors, and Acrylic Shade.

Technician Notes



- Call me before proceeding with case
Please add identification on denture as follows

Signature \_\_\_\_\_ Date \_\_\_\_\_

- Model, Partial, Articulator, Photos, Impression, Shade Tab, Bite Registration, Other

Photos may be emailed to: randi@renstrom.com

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