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Date: _____ **Deliver Date:** _____ **AM by 12:00**
PM by 4:00

Dr. / Clinic Name: _____

Address: _____ Phone: _____

Patient Name: _____ M / F Age: _____

Facial Characteristic: Sq. Sq. Taper Taper Ovoid **Photos:** Email Enclosed

Teeth: Portrait® Ivoclar® Mondial Economy _____

SHADE: Anterior _____ Posterior _____ Guide used _____

PROCEDURE

- MAXILLARY**
- MANDIBULAR**
- Framework
- Custom Tray
- Baseplate / Bite rim
- Set-up
- Finish
- Repair
- Reline Hard*
- Reline Soft*

**All relines must be scheduled in advance*
For same day relines and repairs, items must be ready for pickup by 9 and will be returned by 4.

FULL DENTURE **PARTIAL (ACRYLIC / FLEXIBLE)**

- Immediate Economy Transitional Premium
- SET-UP**
- Ideal
- Characterized
- Contour to Wax rim
- FINISH**
- Smooth
- Anatomical
- Stipple
- Rugae

- Flipper 1-2 Teeth
- Partial 3 + Teeth
- CLASP TYPE**
- Wrought Wire
- Ball Clasp
- Acrylic
- Flexible
- Combination Cast Metal with Flex Clasp
- SUPPORT**
- Reinforcement Wire
- Mesh

ACRYLIC SHADE **MILLED BAR / ATTACHMENTS** **GUARDS / SPLINTS / ANTI-SNORING**

- Lucitone 199®**
- Lt. Pink
- Reddish Pink
- Original (orangish hue)
- Ethnic Nature-Cryl®**
- Light
- Medium
- Dark
- Gingival Color Tone

- Hybrid
- Overdenture
- Bredent®
- Era®
- Hader Bar®
- Locator®
- ORS O-Ring®
- Swiss Loc®

- Hard (Lucitone Clear)
- TMJ (Lucitone Clear)
- Clear Splint™ (Astron) Thermoplastic
- Implant Surgical Guide
- Anti-Snore Device
- Pro-Form ASO Herbst
- Gelb
- Vacuum Type**
- Dual Laminate (Hard / Soft)
- Essix® Retainer
- Soft Mouth / Sports / Bruxer

METAL FRAMEWORK	ENCLOSED
<p>MAJOR CONNECTOR</p> <p><input type="checkbox"/> Lab's Design <input type="checkbox"/> Palatal Strap <input type="checkbox"/> Lingual Bar <input type="checkbox"/> Full Palate</p> <p><input type="checkbox"/> Horseshoe <input type="checkbox"/> A.P. Strap (Circular H.S.) <input type="checkbox"/> Lingual Plate</p> <p>CLASP</p> <p><input type="checkbox"/> Lab's Design <input type="checkbox"/> RPI (I-Bar) <input type="checkbox"/> Cast M.C. with Flex Clasp</p> <p><input type="checkbox"/> Roach (T-Bar) <input type="checkbox"/> Akers (C-Clasp) <input type="checkbox"/> Clear <input type="checkbox"/> Color _____</p> <p>COMBINATION</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Master Model <input type="checkbox"/> Opposing Model <input type="checkbox"/> Bite <input type="checkbox"/> Crowns <input type="checkbox"/> Dr. Attachments <input type="checkbox"/> Dr. Teeth <input type="checkbox"/> Dr. Articulator <input type="checkbox"/> Hybrid / Implant Bar <input type="checkbox"/> Existing denture / partial <input type="checkbox"/> Other _____ <hr/> <hr/> <hr/> <hr/> <p>Please send:</p> <p><input type="checkbox"/> R <input type="checkbox"/> Boxes</p>

R **ALWAYS INCLUDE WITH CASE**

- Working Model Opposing Model Full Extension Bite

Please send STL files and/or photos to: staff@JohnHenryLab.com

Rush Cases: All rush cases must be pre-scheduled. Additional charges may apply.

Terms: Full payment must be **received** by the last business day of the month of statement date. Accounts not paid within these terms will be C.O.D. and a 3% late charge will be applied to your account. Account accepts all responsibility for payment and agrees to pay all legal fees.

Dr. _____ License # _____

Thank you. We appreciate your business.