

**REMOVABLE Rx**

Is your name and address correct? To make corrections call 800-221-4831



12000 Aviation Boulevard  
Hawthorne, CA 90250  
(800) 221-4831 • (310) 915-9121  
Fax: (310) 915-7171 • www.tridentlab.com

Doctor  
Address

Patient Name: \_\_\_\_\_  
Sex M  F  Please Print

Deliver by 5:00pm on: \_\_\_\_\_

\*Rush service available!  "Rush 25"  "Rush 55"  
(See reverse side for details)  
Please Call  Technical  Scheduling

**TOOTH SHADE**

Shade Guide Name and # \_\_\_\_\_

**TISSUE SHADE**  LIGHT PINK  PINK  ETHNIC

**SPECIAL INSTRUCTIONS**



**IMPORTANT: Please Print Legibly**

Please check appropriate boxes

Full  Partial  Nesbit  Unilateral

**MULTI-STAGE**

**CAST METAL PARTIALS**

Lasermet RPD\*   
Vitalium 2000   
Vitalium 2000 +   
Premium Cast Partial   
Valplast with Vitalium Subframe

Complete (One Stage)	Try-in	Final Process
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**METAL FREE PARTIALS**

Complete	Try-in	Final Process
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**TREATMENT PARTIALS**

Complete	Try-in	Final Process
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\*Includes wire clasps

**DENTURES**

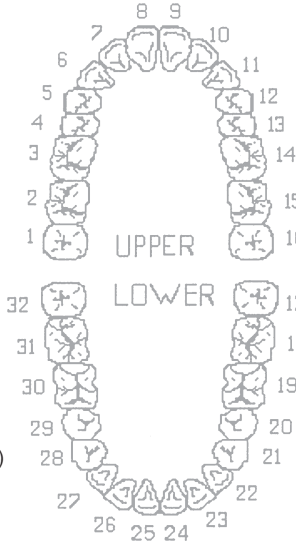
Complete	Try-in	Final Process
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SPLINT THERAPY**

BiteSoft Anterior  
 BiteSoft Full Arch  
Select:  
 Dual Laminate  
 Thermo-lined  
(Available on UPPER ARCH only)

**NIGHT GUARDS**

Select:  Upper  Lower  
 Hard  Soft  
 Sport Guard (Pro-Form)  
 Brux + (Soft/Hard Combo)



**PREMIUM TEETH**

Please Specify # \_\_\_\_\_

**IMMEDIATES**

Extract All  Extract tooth # \_\_\_\_\_

**CLASP DESIGN**

Lab Select  Roach  
 RPI  Akers

**CLASP TYPE**

Cast  Wire  
 Thermoflex

**MAJOR CONNECTOR**

Lab Select  Palatal Strap  
 Lingual Bar  Double Palatal Bar  
 Lingual Plate  Full Palate  
 Horseshoe

†Add'l Fees Apply.

**REMOVABLE EXTRAS**

Bite Block  Repair  
 Bite Rim  Rebase  
 Reline Hard  Reline Soft  
 Custom Tray  Bleach Tray  
 Cusil # \_\_\_\_\_

**ORTHODONTICS**

Select:  Upper  Lower  
 Hawley Appliance  
 Space Maintainer  
Other: \_\_\_\_\_

**ATTACHMENTS**

ERA  Hader Bar  Locator  
Other (Specify): \_\_\_\_\_

**Enclosed with Case:**

Impression  Models  Bite  Doctor  
Articulator  
Other: \_\_\_\_\_

**Please send:**

All supplies  Rx (Fixed)  Rx (Removable)  
 Boxes  Mailing Labels  Shipping Labels

**MATERIAL CERTIFICATION REPORT (X-RAY FLUORESCENCE)**

XRF LEAD REPORT  
 COMPLETE XRF MATERIAL CERTIFICATION REPORT  
(See Reverse Side for Details)

MATERIAL CERTIFICATION REPORT		
VITALIUM		
%MO	%CHROM	%COBALT
Mean	Mean	Mean
6.9	31.3	59.7

MATERIAL CERTIFICATION REPORT  
CERAMIC CROWN OR PARTIAL DENTURE  
ppm LEAD: PASS

This is a "REDO" Request.

**FOR LAB USE ONLY**

Dr. Signature \_\_\_\_\_ License # \_\_\_\_\_

Client agrees to all terms and conditions as specified on reverse of form. Form # SUP\_RMV (Rev. 08/10)

