NEW HORIZONS
DENTAL LABORATORY

7270 W. 118th Place, Unit D
Broomfield, CO 80020
Phone: 303.469.3362
Fax: 303.469.0002

CONVENTIONAL REMOVABLE PRESCRIPTION

Required Information

Office / Dr. Name:	Patient Name:
Office Phone:	Age: M F
Email:	P/U Date:
Other:	Due Date:
Preferred Contact: Call Email	Try In? Y N

Type and Options

Full Dentures

- Complete
- Immediate
- Economy

- Custom Tray
- Base Plate w/ Bite Rim
- Set and Wax
- Wax Try-In
- Process/Finish

Partial Dentures

- Processed Acrylic Partial
- Partial w/ Chrome Framework
- Flipper (1-3 teeth)

- Custom Tray
- Base Plate w/ Bite Rim
- Set and Wax
- Wax Try-In
- Process/Finish

Add Clasps:
Teeth Number(s): __________________

Night Guards

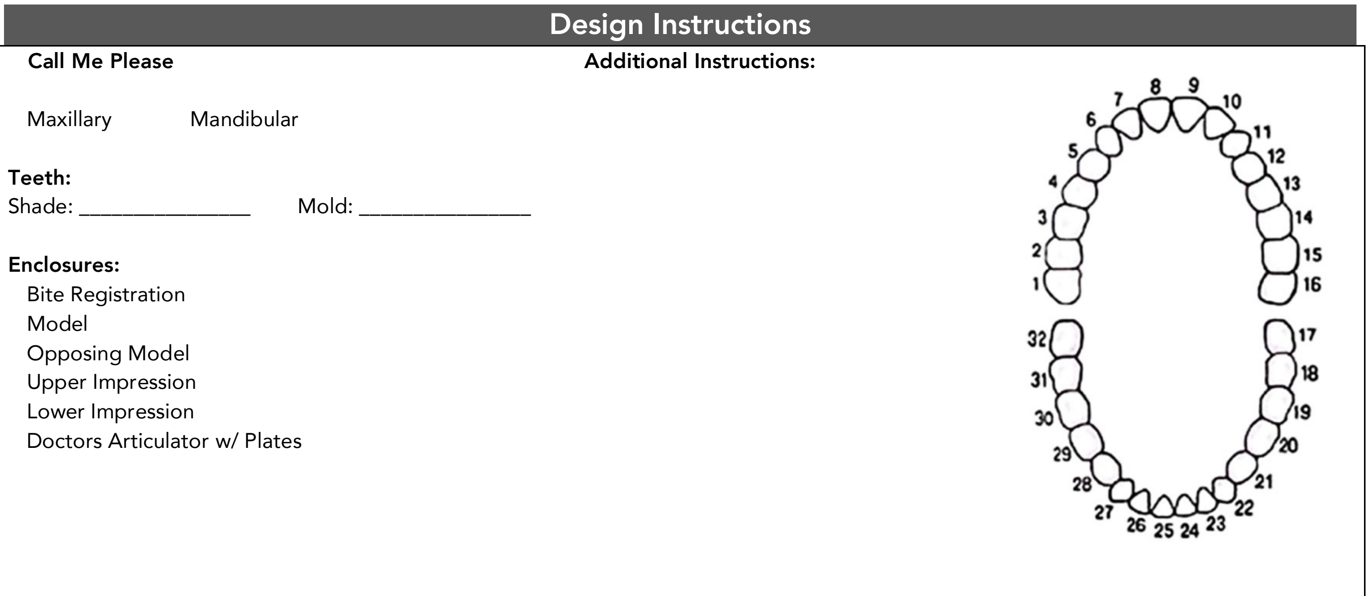
- Hard
- Hybrid (Hard/Soft)

Add Clasps:
Teeth Number(s): __________________

Other Removable Options

- Reline
- Repair

Design Instructions



Call Me Please

Maxillary Mandibular

Teeth:
Shade: _______________ Mold: _______________

Enclosures:
- Bite Registration
- Model
- Opposing Model
- Upper Impression
- Lower Impression
- Doctors Articulator w/ Plates

Additional Instructions:

Signature

Signature: ______________________________________ Lic #:____________________