

WE NEED:

☐ Prescription Forms

☐ Mailing Labels

☐ Mailing Boxes

ABSOLUTE ACRYLICS

919-403-0604 voice 844-293-ADS1 (2371) toll free 919-490-1314 fax

DUE DATE:	
TIME DUE:	
TODAY'S DATE:	

or Address of Streets of CRYLICS		bsolutedentalservices.com osolutedentalservices.com entallab.com			See Digital Delivery Schedule			
DOCTOR:								
PATIENT IDENTIF	ICATION CODE (PIC):						
Required for case communicati numerical) Example: Pt. John I	on to maintain HIPPA compliance. Doe = d13579	Please enter existing PIC	(already	used within your	office). Or Crea	te a 5-7 digit code (alpha &		
PATIENT NAM	E:							
		DIGITAL DE	NTU	RE RX				
		☐ Max	□ N	1and				
□ P	remium Denture	☐ Signatu	ıre Se	ries With	Premium	ı Teeth		
	tandard Denture			ries with N vailable for		ramic Teeth ramic Teeth		
	TISSUE SHADE				FINI			
☐ Original	☐ Dark Re	eddish Pink		_	e Series o	r Premium Only		
☐ Light Pink	_	l Opaque		Smooth		☐ Characterized		
☐ Light Red	dish Pink			Stippling		Rugae		
		ADDITIONA	AL SE	RVICES				
□ Bi □ Us Try-	ustom Tray te Rim se Current Denture i In ed Shades Available for	w/ Pink Wax	ustor	w/o Pink	l Try-In			
		TOOTH INFO	ORM	<u>ATION</u>				
6 R 4 3 2 (±) 1 **	7 0 10 17	1 12 13 L 14 ± 15 ★ 16	3	32 (*) 31 (*) 30 (*) 29 (*) 28 (*) 27	26 25 ;	(*) 17 (*) 18 (*) 19 (*) 20 21 22 24 23		
Shade:								
INSTRUCTIONS	:							
SIGNATURE:					LICENSI	E #:		