LEIXIR DENTAL LABORATORY GROUP

Removable RX

Please mail case to: 4 Pin Oak Dr., Branford CT 06405

Doctor Name: Patient Name

Address: Phone: ☐ Text ☐ Call Attn: Due Date (by 5pm)

Full Dentures

☐ Setup ☐ Finish ☐ Start-to-Finish

Digital Dentures* - *Printed base with choice of:*

☐ Printed Teeth ☐ Premium Carded Denture Teeth
☐ Milled PMMA Teeth

**Please only send Digital Dentures to Thompson Dental*

Full Denture - *Traditional Acrylic*

☐ Economy Teeth ☐ Premium Teeth

Immediate Denture - *Traditional Acrylic*

☐ Ovate Pontics ☐ Remove Teeth _____

Special Instructions:

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Other Removable

☐ Custom Tray ☐ Bite Rim ☐ Bleaching Tray
☐ Hard ☐ Soft Reline
☐ Repair: _____
☐ Other: _____

Tissue Shade

☐ Standard Pink ☐ Light
☐ LRP ☐ Dark
☐ Meharry

Partial Dentures

☐ Setup ☐ Finish ☐ Start-to-Finish

☐ ***Kameleon*** **Partial** - *Clear Flexible Base and Clasps*
-Easy to Reline and Adjust

☐ Flexible Partial - *Traditional Flexible product*

☐ Cast/Flex Combo - *Metal frame w/ Flex clasps*
-Best combination of Strength & Esthetics

☐ Cast/ Acrylic Partial - *Traditional Metal/ Acrylic*
☐ *Standard Alloy* ☐ *Premium Alloy*

☐ Acrylic Partial - *Includes 2 metal clasps*

☐ Flipper/Nesbit ☐ *Acrylic* ☐ *Flexible*

☐ Desired Teeth
☐ *Economy Teeth* ☐ *Premium Teeth*

Night Guards

☐ Occlusion: ☐ Basic ☐ Functional _____

☐ Lexi Hard | Lexi Flex - Digital design/print

☐ Processed Hard - *Traditional Acrylic*

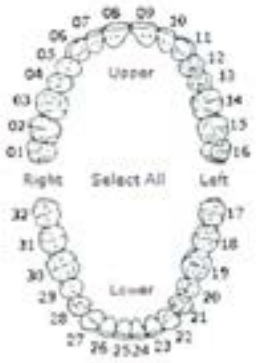
☐ Comfort Hard Soft - *Thermoform Simple Guard*

Sleep Appliances

☐ EMA Appliance
☐ *Trial Appliance* ☐ *Final Appliance*

☐ Panthera D-SAD

Please send Ideal protrusion and VDO measurements for best results!



Lab Mailing Addresses on Page 2

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*Doctor Signature:*_____ *License #:*_____

Terms: Net 30 days/1.5% late fee over due date. Cost of Collection of any account will be paid by customer.