

REMOVABLE

DENTURE

- * Premium Denture
- Standard Denture
- Astron Hypo-Allergenic
- Immediate Denture
- Duplicate Denture
- Name in Denture
- Tissue Tinting
- * Custom Tray
- Bite Block
- Wax Try-in
- Finish
- Smooth Palate
- Reline
- Repair
- Rugae

Patient's Facial Shape Ovoid Square Tapering

Tooth Set-up * Ideal Characterized Study Model
 Feminine Masculine

Occlusal Class I II III

Acrylic Shades * Standard Ethnic Med Dark

PARTIAL DENTURE

- Titanium Frame
- * Chrome-Cobalt Frame
- Frame with Bite Block
- Frame with Teeth Try-in
- Finish
- Gold Partial
- Flipper (1-6 Teeth)
- Flipper (6 or more Teeth)
- Acrylic Partial

FLEXIBLE PARTIALS

- TCS Partial
- Valplast Partial
- TCS (Clasps & Saddles on Metal Partial)
- Valplast (Clasps & Saddles on Metal Partial)
- Finish
- TCS Partial with Metal Rests

THERMOFORMING PLUS

- Nightguard > Hard Soft
- Hard Nightguard (Acrylic)
- Nightguard Hard/Soft
- Snoreguard / EMA
- Bleaching Tray

IMPLANTS

- Overdenture with Attachments
- Overdenture with Cast Bar
- Overdenture with CAD/CAM Titanium Bar
- Screw-Retained, Acrylic Hybrid Denture

COMBINATION / C&B AND PARTIALS

- PFM with Distal Extension Attachments (ERA) and Partial Frame
- PFM with TCS Partial and Metal Rests



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DENTAL LABORATORY

DOCTOR _____ PHONE _____

PATIENT _____ M F AGE _____
PLEASE PRINT

TODAY'S DATE _____ DATE DUE _____

IF NO DUE DATE IS ASSIGNED, A STANDARD DUE DATE WILL BE SCHEDULED - DELIVERY BY 5:00 PM.

INSTRUCTIONS*

* Standard Options will be used, unless instructed otherwise.

CHECK LIST

- Midline - Marked
- High Lip Line - Marked
- Proper Lip support
- Cuspid Line
- Tooth Shade
- TCS Tissue Shade
- GC Tissue Shade

SHADE _____

CALL ME...before proceeding with case.

DR. SIGNATURE _____ LICENSE NO. _____

SENT WITH CASE

Quantity (please indicate)

- _____ Impression
- _____ Models
- _____ Bite
- _____ Opposing
- _____ Photos
- _____ Other (describe) _____

PLEASE SEND

- Rx Forms
- Airbills
- Boxes

MAJOR CONNECTOR

MAXILLARY

- * Lab Select
- Horseshoe
- Open Horseshoe
- Palatal Strap
- A-P Palatal Strap
- Palatal Plate
- Unilateral/Nesbit

MANDIBULAR

- * Lab Select
- Lingual Bar
- Lingual with Kennedy Bar
- Lingualplate
- Labial Bar
- Unilateral/Nesbit

CLASP OPTIONS

- * Lab Select
- I-bar
- C-Clasp
- Reverse-Action Hairpin Clasp

REST AREAS

- * Lab Select
- _____

TOOTH # _____

