YORK
DENTAL LABORATORY, INC.
4 Pin Oak Drive
Branford, CT 06405 | Phone: 800.356.6591
www.yorkdentallab.com | www.zrpicasso.com

Partial & Denture Rx Only

Barcode/Doctor Info

Lab Use Only

Patient Name: _____ Date Due: _____

Patient Gender: _____ Patient Age: _____

Date & Initials PAN #

Denture
- ☐ Comp Prem Denture
- ☐ Dupi Denture

Partials
- ☐ Comp Prem Partial
- ☐ Framework
- ☐ Framework w/ Bite

Metal-Free Partials
- ☐ Flexite® Partial
- ☐ Flipper 1-3 teeth
  -Replacing Teeth #'s: _____
- ☐ Flipper 4 or more teeth
  -Replacing Teeth #'s: _____
- ☐ Valplast® ☐ Duraflex™

Stents
- ☐ Radiographic Stent
- ☐ Surgical Stent

Night Guards
- ☐ Soft
- ☐ Hard
- ☐ Impact

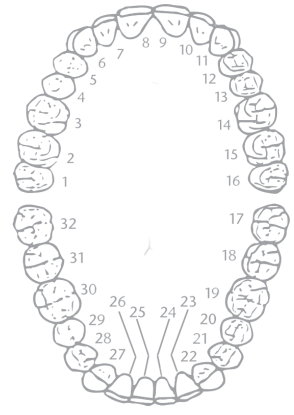
Other
- ☐ Bleach/Flouride Tray
- ☐ Omnivac
- ☐ Athletic Mouthguard

☐ **Custom Tray** ☐ **Perma Base with Bite**

☐ Articulate ☐ Process ☐ Reset ☐ Premium Teeth ☐ Stock Teeth

☐ Set-Up Shade: _____ ☐ Bio Soft Baskets ☐ Wrought Wire Clasp

For Best Results Please Fill Out
All Applicable Responses



Dr. Signature: _____ License #: _____

Supplies: ☐ Prescriptions ☐ BioHazard Bags ☐ Shipping Labels ☐ Boxes