



ASTRO DENTAL ART

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Clinic Name _____

Doctor _____

Rx Date _____

Patient (please print) _____

Male Female Age _____

Date Required : _____

Time : _____

Other Items Included Photos Bite Registration Impression Digital Impression Models Other _____

DENTURE

Type of Denture : Cast Metal Partial Acrylic Partial Immediate/ Surgical Partials Valplast® Duraflex®
 Complete Denture Over Denture Implant Denture Frame Acetal Resin

Procedure : Bite Block Custom Tray Finish Set-up/ Try-in Rebase Reline Repair
Design: Horseshoe Palate Full Palatal Metal Coverage A-P Bar Lingual Bar Lingual Apron Wrought Wire Clasps

Shade : _____ **Extraction :** Teeth to be extracted from model now
 Teeth removed from model at final procession

ORTHODONTICS & SPLINTS

Appliance : Space Maintainer Holding Arch with Loops Nance Appliance TPA
 Lingual Retainer Wire(3x3) Essix Retainer Hawley Retainer Wraparound Retainer
 Blue Grass Tongue Crib RPE Schwartz(1 Screw)
 Hang Expander 3 Way Expander Quad(Bi) Helix Twin Block
 Bioblock Bleaching Tray

Sportsguard : Light (1 layer) Medium (2 layer) Heavy (3 layer) Extreme (3 layer plus)

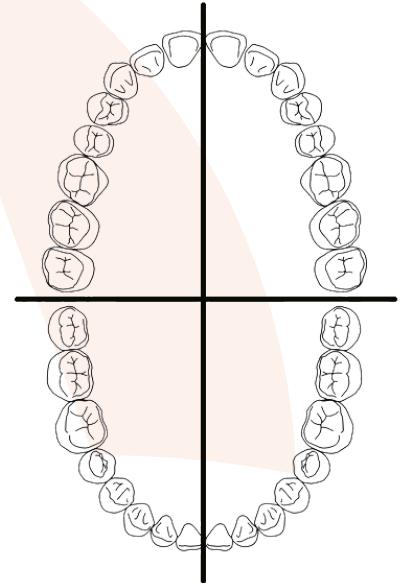
Splint : H/S Comfort Bite Splint Conventional Dual Comfort Hard Conventional Thermo
 F.O.S.A. TMJ Splint Spear Deprogrammer Soft-flex 3D Printed Thermo
 Gelb Ferrar Ferrari Acetal

KOIS Special : KOIS Deprogrammer (3D Print) KOIS Splint

LVI Special : Semi-Anatomical Orthotic Full Anatomical Orthotic (Removable or Fixed)

SNORING & SLEEP APNEA

Appliance : Comfort Nite (Silensor-SL) EMA D-SAD (Nylon) Herbst Dorsal Tap 3 TL



Rx

Please send more Rx Bags Shipping Labels

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