



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 Partial ☐ Valplast® ☐ Duraflex®
☐ Complete Denture ☐ Over Denture ☐ Implant Denture Frame ☐ Acetal Resin

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

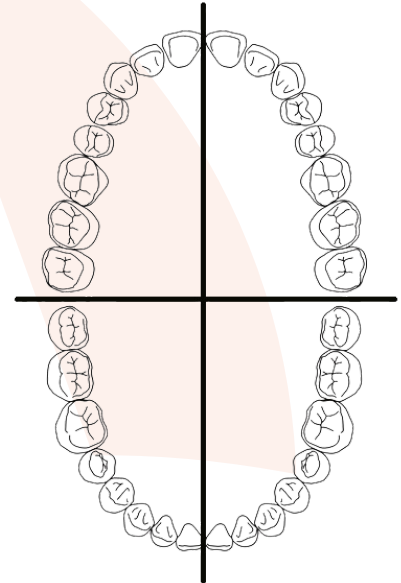
Splint : ☐ H/S Dual Comfort Bite Splint ☐ Conventional Dual ☐ Comfort Hard ☐ Conventional Thermo
☐ F.O.S.A. TMJ Splint ☐ Spear Deprogrammer ☐ Soft-flex ☐ 3D Printed Thermo
☐ Gelb ☐ Ferrar ☐ Ferrari ☐ Acetal

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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