Rayven Lab

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Grand Junction, CO 81501
Tel : (970) 255-1000
www.rayvenlab.com

Case #
Rx Date :
Date Due in Office :
(Deliver By 5PM)

Doctor's Name (Please Print)

Doctor's Address

Patient's Name ☐ M ☐ F Sex Age

REMOVABLE RESTORATIONS (Please ☑)

Dentures

U L
☐ ☐ Custom Tray
☐ ☐ Wax Rim
☐ ☐ Wax Try-In
☐ ☐ Denture Finish

Case Type

U L
☐ ☐ Economy Denture
☐ ☐ 3d Printed
☐ ☐ * Basic Denture
☐ ☐ Premium Denture
☐ ☐ Denture Finish

Repairs / Relines

Relines

U L
☐ ☐ Hard
☐ ☐ Soft Reline
☐ ☐ Rebase

Repairs tooth #

☐ Add Tooth ____
☐ Flexbase Add Tooth ____
☐ Clasp ____

U L
☐ ☐ Fracture
☐ ☐ Flexbase Repair
☐ ☐ Frame Repair

Partials

U L
☐ ☐ Metal Frame Try-In
☐ ☐ Acetal Frame Try-In
☐ ☐ Wax Rim
☐ ☐ Try-In with Teeth
☐ ☐ Finish Metal Partial
☐ ☐ Finish Flexbase Partial
☐ ☐ Finish Acetal Partial
☐ ☐ Finish Acrylic Partial
☐ ☐ Cold Cure Flipper (1~2 teeth)
☐ ☐ Flexbase Unilateral (1~2 teeth)
☐ ☐ Essix Retainer

** Basic unless specified otherwise*

℞ **SPECIFIC INSTRUCTIONS :**

Tooth Shade _____

Doctor's Signature _____ Lic. # _____