Removable

Perry & Young
Your Business Advantage

Office/Doctor Name: _____

Required Information

Pt Name: _____

P/U Date: _____

Due Date: _____

Cases delivered by 5:00 p.m. on due date

Preferred Contact Method

❑ Email: _____

❑ Office Phone: _____

❑ Cell Phone: _____

Method: ❑ Call ❑ Text

Full Dentures

❑ Advantage $ ❑ Classic $$ ❑ Premium $$$

❑ Custom Tray
❑ Base Plate w/Bite Rim
❑ Wax Try-In
❑ Process/Finish
❑ Immediate

Cast Partial Dentures

❑ Advantage $ ❑ Classic $$ ❑ Premium $$$

❑ Custom Tray
❑ Frame Try-In w/Bite Rim
❑ Frame Try-In w/Teeth
❑ Process/Finish

Partial Option:
❑ Esthetic Flexible Cap

Night Guards

Advantage $	Classic $$
❑ Hard	❑ CAD/CAM Milled Hard
❑ Hard/Soft	❑ Hybrid Hard/Soft
	❑ Thermoflex Soft

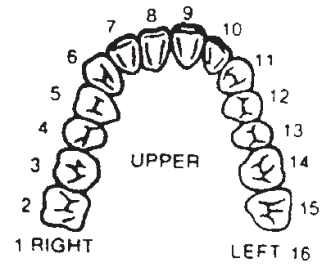
Other Removeable Options

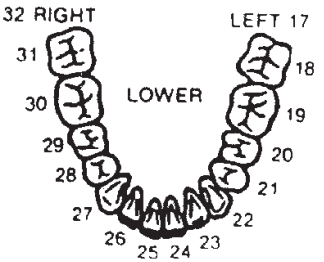
❑ Flipper
Clasp: ❑ Wire ❑ Ball
❑ Flexible Partial
❑ Reline
❑ Repair
❑ Retainer
Type: ❑ Essix ❑ Hawley
❑ Space Maintainer
❑ Athletic Guard
❑ Bleaching Trays

Design Instructions

❑ Maxillary ❑ Mandibular

Shade: Mould:





***** ALL PRODUCTS MADE IN THE USA *****

Dr. Signature: _____ License # _____

TERMS: NET 30 DAYS. Past due amounts will be assessed a late charge of 1.5% per month. After 90 days a credit card will automatically be processed.

White Copy for P&Y Yellow for Your Records