

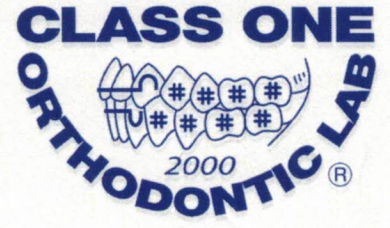
Valplast & Metal /Acrylic Removables

Flexible Partial

PHONE ME CONCERNING THIS CASE
 SPECIAL INSTRUCTIONS ON FILE
 INSURANCE
 ORTHODONTIC STUDY MODELS
 DUPLICATE CASTS

PLEASE SEND:

Rx SHEETS
 MAILING LABELS
 SHIPPING BOXES



Dr _____
 Address _____
 City _____ Province _____ Postal Code _____
 Phone _____
 Patient _____
 Date Shipped _____
 Date Needed _____

IMPORTANT!!!

ONLY low viscosity jeltrate must be used when taking impressions for Valplast appliances as this allows the tissue to relax.

VALPLAST

R UPPER L L LOWER R

Bilateral Up Lo
 Unilateral Up Lo

Please circle teeth to be replaced

Shade of Teeth _____

Shade of Tissue

Std. Pink Lt Pink Dk Pink
 Std. Meharry Lt. Meharry

Custom Tray Up Lo

Try Ins are recommended on all Free End Partial

Try In Time _____

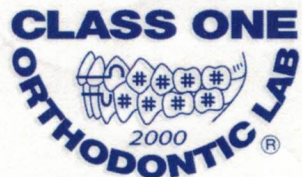
Finish Time _____

CAST PARTIALS AND COMPLETE DENTURES

R UPPER L L LOWER R

Up Lo

Special Instructions:



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