



HELM DENTAL
LABORATORY



DIGITAL ESTHETIC
SOLUTIONS

Removable Appliance RX

www.helmdentallaboratory.com | info@helmdentallaboratory.com

Main Laboratory: 2801 Capital St. Wylie, TX 75098 | 972-442-9772

Date: _____

Doctor Name: _____

Address: _____

City: _____

State: _____ ZIP: _____

Email: _____

Phone: _____

Patient Name: _____

Sex: ☐ Male ☐ Female Age: _____

Return by 5:00 PM on: _____

DENTURES ☐ Upper ☐ Lower

- ☐ Immediate
- ☐ Teeth in Wax Try-in
- ☐ Process & Finish

ACRYLIC PARTIALS ☐ Upper ☐ Lower

- ☐ Flipper (1-3 Teeth)
- ☐ Acrylic Partial (4 Teeth or More)
- ☐ Unilateral
- ☐ Teeth in Wax Try-in
- ☐ Process & Finish

CLASP OPTIONS

- ☐ Wrought Wire
- ☐ Ball Clasp
- ☐ T Clasp

CAST PARTIALS ☐ Upper ☐ Lower

- ☐ Frame with Biteblocks
- ☐ Frame with Teeth in Wax
- ☐ Process & Finish

FLEXIBLE PARTIALS ☐ Upper ☐ Lower

- ☐ Teeth in Wax Try-In
- ☐ Process & Finish

MAJOR CONNECTOR

- ☐ Lab Select
- ☐ Lingual Bar
- ☐ Lingual Plate
- ☐ Horseshoe
- ☐ Palatal Bar
- ☐ Full Palate

CLASP DESIGN

- ☐ LAB Select Clasp
- ☐ Akers Clasp
- ☐ I-Bar Clasp
- ☐ T Clasp
- ☐ Wrought Wire Clasp
- ☐ Clear Flexible Clasp
- ☐ Other _____

GUARDS ☐ Upper ☐ Lower

- ☐ Thermoguard
- ☐ Hard Nightguard
- ☐ Athletic Mouthguard
- ☐ NTI
- ☐ Dual Laminate
- ☐ Other _____

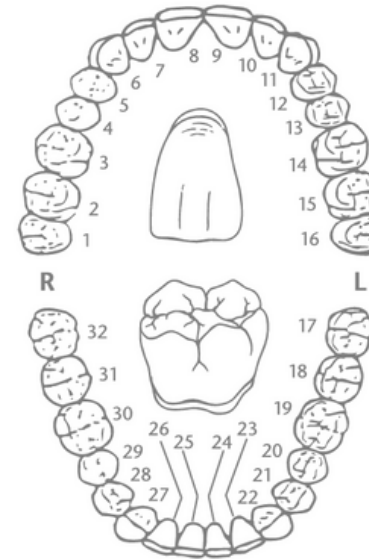
ORTHO APPLIANCES

- ☐ Band and Loop
- ☐ Essix Retainer
- ☐ Hawley Retainer
- ☐ Other _____

SNORING / SLEEP APNEA APPLIANCES

Upper & Lower Models with
Protrusive Bite Required

- ☐ TAP III
- ☐ EMA Snore Guard



TOOTH SHADE _____

TISSUE SHADE

- ☐ Original
- ☐ Medium Dark
- ☐ Dark
- ☐ Custom
- ☐ Other _____

TOOTH TYPE

- ☐ Premium
- ☐ Economy
- ☐ Other _____

REMOVABLE EXTRAS

- ☐ Biteblocks
- ☐ Custom Tray
- ☐ Hard Reline
- ☐ Soft Reline
- ☐ Bleaching Tray
- ☐ Rebase
- ☐ Repair
- ☐ Surgical Guide
- ☐ Palatal Stint
- ☐ Essix with Teeth

Same Day Reline/Repairs must be scheduled in advance and will be subject to a \$35.00 RUSH fee.

ADDITIONAL INSTRUCTIONS: (Please print legibly)



HELM DENTAL
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Doctor's Signature _____

License No. _____ Prep Date _____

The person signing this authorization and/or the dental practice accepts responsibility for payment of the related charges & agrees to pay all legal & collection costs in the event the account is in collections or litigation, including reasonable fees.