



0101 Custom Tray	15
0102 Wax Ring	15
0103 Acrylic Partial Flipper 1-2 Pieces	15
0104 Acrylic Partial acrylic	15
0105 Standard Full Denture	15
0106 Try in Wax Teeth	
0107 Reset Teeth	15
0108 Immediate Partial Denture	15
0109 Immediate Full Denture	15
0110 Premium Full Denture -All inclusive	10
0111 Repair 1 Teeth	15
0112 Acrylic Repair	15
0113 Metal Welding Repair	15
0114 Reline Acrylic	15
0115 Patient ID	1
0116 Clasps Wrought Wire	3
FLEXIBLE -- ACRYLIC UPPER / LOWER	
0117 1-2 Pieces	15
0118 3-7 Pieces	15
0119 8 OR Mores Pieces	15
FLEXIBLE- UPPER / LOWER	
0120 1-2 Pieces	15
0121 3-7 Pieces	15
0122 8 OR MORE Pieces	15
0123 FLEXIBLE Clasps	15
METAL - ACRYLIC UPPER / LOWER	
0124 1-6 Pieces	21
0125 7 -12 Pieces	21
METAL -- FLEXIBLE UPPER / LOWER	
0126 1-6 Pieces	21
0127 7-12 Pieces	21
CROWN & BRIDGE	
0128 Standard Acrylic Provisional / Unit	15
0129 Designed Acrylic Provisional / Unit	15
0130 Full Contour Zirconia Crown	15
0131 Full Contour Zirconia 3D Multi-layered Crown	15
0132 Layered Zirconia crown	15
0133 E-Max Crown	15
0134 E-Max Crown Layered	15
0135 Night Guard - Guard- Hard/ Soft	15
0136 Night Guard - Hard	15
0137 Night Guard - Acrylic	15
0138 EXCEL RETAINER	15

*THIS PRICE DOES NOT INCLUDE TRY IN OR RESET

Prescription

Order# _____ Date: _____

Dr: _____

Patient _____

F _____ M _____

Age _____

Shade: _____

Color gum _____

Notes:

