ONX Labs

3685 Burgoyne Avenue
Hudson Falls, NY 12839
518-409-6767

PATIENT _____ DATE DUE _____

ARCH TO BE RESTORED

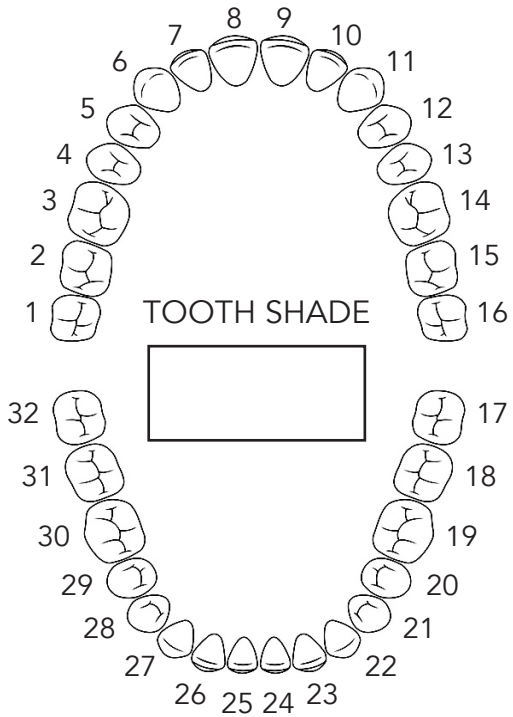
- ☐ MAXILLA
- ☐ MANDIBLE

COMPLETE

- ☐ IMMEDIATE FULL DENTURES
- ☐ FULL DENTURES

PARTIALS

- ☐ IMMEDIATE ACRYLIC DENTURES
- ☐ ACRYLIC PARTIALS (WIRE CLASPING)
- ☐ CAST FRAMEWORK
- ☐ FLEXIBLE PARTIALS
- ☐ FLIPPER



STEP REQUESTED

- ☐ DIAGNOSTIC CAST
- ☐ WAX BITE RIMS
- ☐ WAX TRY IN
- ☐ RESET
- ☐ APPROVED TO COMPLETE

OTHER SERVICES

- ☐ RELINES
  If part of Immediate Package, please check this box ☐
- ☐ BLEACHING TRAYS
- ☐ NIGHTGUARD (SOFT)
- ☐ REPAIRS

RX
INSTRUCTIONS:

DOCTOR _____
SIGNATURE _____
LICENSE NO. _____
ADDRESS _____

PHONE # _____ DATE _____