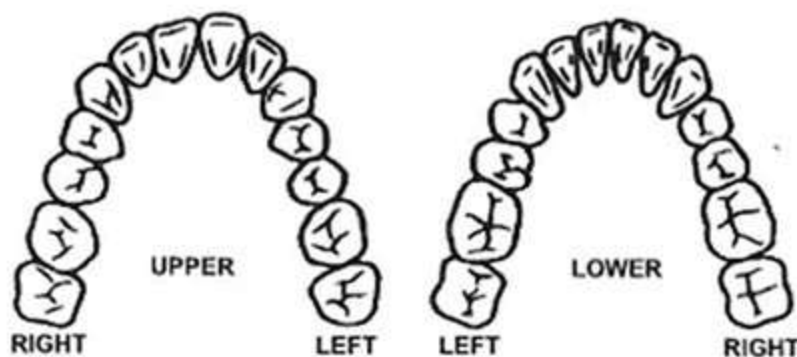




**Elevated Dental Arts**  
**418 8th St. SE Unit B 11**  
**Loveland, CO 80537**  
**(970) 669-1010**

**info@elevateddentalarts.com**  
**elevateddentalarts.com**

Date Today: \_\_\_\_\_



Dr. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Patient: \_\_\_\_\_

Shade: \_\_\_\_\_

Shade Guide Brand: \_\_\_\_\_

**Patient Next Appointment:**

**Date:** \_\_\_\_\_

**Time:** \_\_\_\_\_

or:  **Not scheduled**

Mould: \_\_\_\_\_

**Please check all that apply:**

- Custom Tray       Up    Low
- Bite Rims           Up    Low
- Metal Framework    Up    Low
- Economy Denture    Up    Low
- Premium Denture    Up    Low
- Wax Try in           Up    Low
- Process & Finish    Up    Low
- Acrylic Bite Splint  Up    Low
- Deprogrammer       Up    Low
- Ultraflex Bite Splint  Up    Low
- Hard/Soft Nightguard  Up    Low
- Flipper               Up    Low
- Immediate - Start to finish  
     Denture               Up    Low
- Immediate - Start to finish  
     Partial                Up    Low

Dr.'s Special Instructions:

**Dentist License Number** \_\_\_\_\_ **Date** \_\_\_\_\_

**Personal Signature of Dentist** \_\_\_\_\_

Terms: Payment for all work done is due no later than the 25th of the following month. Payments not received in full by due date will be charged a 5% finance charge.