IMPRESS
DENTAL STUDIO

10800 Menaul Blvd NE Albuquerque, NM 87112
505-398-9357
impressdentalstudio.com

Doctor _____ Patient _____

Street _____ e-mail _____

City/State/Zip _____ Requested Completion Date:

Phone (_____)_____-_____ _____

M.A.G.O. DETAIL

OCCLUSION

- O Full Occlusion
- O Just Anterior Occlusion
- O Classic O With Teeth
- O Channel for Adding Posterior Occlusion

POSTERIOR CLEARANCE

O 1.5 mm O 2.0 mm O ____ mm

RETENTION

O Mechanical Resilient Retention O Mechanical Retention plus Ball Clasps

INSTRUCTIONS

_____

_____

_____

_____

Signature _____ License # _____

PLEASE SEND:

- O Shipping Labels
- O Boxes
- O Bio Bags

Prescriptions:

- O Impress
- O Removables
- O Surgical Guide
- O M.A.G.O.

For Lab Use Only

__Mounted Max Cast __Mandibular Cast __CR Bite

__Other_____

Date Recv'd _____

Pan # _____

Retain Pink Copy for Your Records

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