

# MAGIC Denture ORDER FORM

## 1. Account Information

Name : .....

Address : .....

Order Date : .....

Order Number : .....

(Leave blank)

Account # : .....

Phone Number : .....

## 2. Shipping Information

Same as above

Name : .....

Account # : .....

Address : .....

Phone Number : .....

## 3. Case Information

1) Patient Initial : .....

Gender : M ( ) F ( ) Unknown ( )

### 2) Case selection

Maxillary

Mandibular

Complete

Try-in ( Optional )

\*Opposite stone model required for Single arch



### 3) Tray selection

Small

Medium

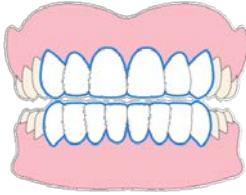


Large

X-Large



**3. Case Information ( Continue )**

**4) Teeth ( Shape )**

	<input type="radio"/> Universal	<input type="radio"/> Oval	<input type="radio"/> Square
<b>Maxillary</b>			
<b>Mandibular</b>	<input type="radio"/> Universal	<input type="radio"/> Oval	<input type="radio"/> Square

**5) Teeth Shade**     A1     A2     A3     A3.5     B1     B2




**6) Gum Shade**     Light Pink     Original Pink     Reddish Pink     Dark Pink

**7) Midline & Lip length**

Follow the positions on existing denture (\*Only duplicate, immediate denture case are applicable)

Newly Design – Lip length (    ) mm    (\*Using Magic Denture Lip Ruler)

**8) Anterior Overjet**

<input type="radio"/>		Regular (Class I, > 2 mm)	<input type="radio"/>		Retrognathic (Class II, > 3 mm)	<input type="radio"/>		Prognathic (Class III, > -1 mm)
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**9) Special Instruction / Comments**