# Dentures, Repairs and Misc.



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### **Complete Dentures/**Arch

| Price Includes cost of Fricke or CAD/CAM Teeth | # of units |
|--|------------|
| Cad/Cam Denture (\$160)                        |            |
| Handcrafted Denture (\$160)                    |            |

## Acrylic Flipper/Arch

| Price includes cost of Fricke Teeth.                | # of units |
|---|------------|
| Up to 3 teeth, 2 wire or ball clasps (\$55)         |            |
| 4 to 10 teeth, Unlimited Wire or ball clasps (\$99) |            |

### **Denture Repairs**

| 0-2 working days in lab              | # of units |
|--------------------------------------|------------|
| Add/Replace a tooth per tooth (\$20) |            |
| Acrylic Repair Broken Denture (\$30) |            |
| Denture Lab Reline (\$60)            |            |
| Denture Lab Rebase (\$70)            |            |
| Repair Metal Clasp (\$40)            |            |

### **Flexible Partial**

**Enclosed with Case:** 

| Price includes the cost of Fricke Teeth         | # of units |
|---|------------|
| Flexible Partial Denture (7days in lab) (\$135) |            |
| Flexible Partial Rebase (\$90)                  |            |
| Flexible Partial Repair (\$50)                  |            |

**Impressions** 

Models

Bite

Photos

Other

### **Metal Partial Dentures/Arch**

| Price includes the cost of Fricke Teeth         | # of units |
|---|------------|
| Cast Metal Partial with Metal Clasps (\$165)    |            |
| Cast Metal Partial with Flexible Clasps (\$175) |            |

### Misc. Lab Services

| 2-5 working days in lab                      | # of units |
|--|------------|
| Hard Night Guard with no clasps (\$55)       |            |
| Hard Night Guard with 2-4 ball clasps (\$65) |            |
| Custom Tray/arch (\$15)                      |            |
| Adapt crown to existing partial/tooth (\$25) |            |

# IF NO OCCLUSAL CLEARANCE □ Call Dr. □ Spot Opposing □ Make this a permanent Note FINAL TOOTH SHADE What Lab Stage is Desired Next? SMILE STYLE/ EDGE DESIGN

| Rx:  Additional Description to Lab Tech: |  |                  |
|--|--|------------------|
| Doctor License #                         |  | Date Submitted : |
| Doctor Signature                         |  | Date Desired:    |
|  |  |                  |