#### REQUIRED INFORMATION Removable Prosthetic Rx Laboratory Procedure Prescription Doctor Name \_\_\_\_\_ Practice Name **DENTURES** 17904 Interstate 30 Suite 2 Benton, AR 72019 Address 501-794-8922 □ Upper □ Luxury □ Mid-Grade □ Lower Notes: □ Both □ Temp/Surgical Email \_\_\_\_\_ □ Patient ID □ Custom Tray □ Rugae Palate □ Bite Rim Patient Name \_\_\_\_\_ Chart #\_\_\_\_ \*No extra charae with DOB \_\_\_\_\_\_ M/F \_\_\_\_ RX Date \_\_\_\_\_ □ Upper □ Luxury Due/Delivery Date\_ □ Lower □ Mid-Grade □ Both □ Temp/Surgical **EXTRACTIONS** □ Patient ID Non-Metal Partial Please mark all extractions ☐ Acrylic Partial

# Lower **Arch** 30 Arch 29 15

## ACRYLIC & TOOTH SHADE (required)

□ Original	□ Light	Pink	□ Meharry
□ Light M	eharry	□ Dark	Meharry
Tooth Shade: (required)		(required)	
House shades are A1, A2, A3 *All other shades ordered upon request			

artofficialteeth@gmail.com Please trust that we are working on the prosthetic masterpiece of your choosing as fast

Please send additional photos/notes to

License #: Date:

Dr. Signature:

as possible without compromising quality. Thank you for choosing ARTofficial for all of your removable prosthetic needs. Your business is

greatly appreciated.

### **PARTIALS** □ Wax Try In □ Finish □ Reset \*Provide necessary changes in notes section **Upper Design** □ Horseshoe Palate □ Valplast Partial ☐ Full Palate Metal Coverage □ Temp/Surgical Partial □ Wrought Wire Clasps ☐ Acrylic Flipper □ Ball Clasps

NIGHTGUARDS	&
SPLINTS	

**Metal Framework** 

\*Cast metal framework with

☐ Essix Flipper

□ Cast Metal Partial

flexible clasps

□ Hvbrid Partial

ı		
ı		
J	□ Soft	
_	□ Hard	
	լ⊔ пага	

*Color:	
Bleaching	Tray

_		9	. ,	
		Foam	□ No	Fo
	Temp.	Bride	ge Spl	int

## **OTHER**

□ Wrought Wire Clasps

**Lower Design** 

☐ Unilateral (Nesbit)

□ Lingual Bar

□ Ball Clasps

□ Lingual Apron

□ Wax Try In

section

\*Provide necessary

changes in notes

□ Finish

□ Reset

□ Upper □ Lower □ Both	□ Upper □ Lower □ Both	
□ Soft □ Hard	□ Reline □ Rebase □ Repair	
□ Sports Guard		
*Color:	*Provide detailed description	
□ Bleaching Tray	☐ Add Clasp	
□ Foam □ No Foam	•	
Toman Dridge Colint	Clasp type	

For any questions or comments about an existing or future prescription, please do not hesitate to contact us!!