

Removable Prosthetics Rx

Lab Procedure Prescription

1923 E. Saint Andrew I Santa Ana, CA 92705 800-277-8336 I www.prudentallab.com

Doctor Name:	
	Patient's Chart #: M
Address:	
City: State: Zip:	Due Date/Deliver Case by 5pm on:
Phone:	
Account #:	
Dentures:	Partials:
Select Arch:	Select Arch: Select Partial: Partial Design:
Upper	Upper All Acrylic Horseshoe Palate
Lower	Lower Flexible Nylon (Semi-Flex) (Upper Only)
	Flexible Resin (High-Flex) Lingual Bar (Lower Only)
Select Stage:	Select: Full Palatal Metal Coverage
☐ Try-In	Metal Free (Upper Only)
Complete/Finish* (One Stage)	Metal Lingual Apron (Lower Only)
Select Denture:	Cosmetic Clasp
Standard Denture	Select Stage: Wrought Wire Clasp
Standard Dentare Standard Immediate Denture	Try-In
Extract All	Complete/Finish*
Extract Tooth #	(One Stage)
Repairs/Other:	Case Specifications:
Denture Repairs: Partial Repairs:	Follow the Doctor's Design
Simple Repair Simple Repair	Have the Lab Design
Complex Repair Complex Repair	
Reline (Hard) Clasp Only	Acrylic Shade:
Reline (Soft) Solder/Weld	Light Pink Please Mark All Teeth to be Extracted
Rebase Reset Teeth - 2nd attempt	Pink Upper Lower
Reset Teeth - 2nd attempt	LI Ethnic
Rework Denture - 2nd attempt	7 8 9 10
Remake Denture	5 11 32 7
Soft Liner	4 7 13 31 18
Other:	3 (14 30) 19
Bite Block Clean & Polish	2 20 20 20
Base Plate Custom Tray	1 16 28 27 22 21
Bite Rim Diagnostic Wax Up	27 26 25 24 23 22
Rx Special Instructions:	
Dentist Signature:	License Number: