

Removable Rx

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REQUIRED INFORMATION

Doctor Name _____
Last First

Practice Name _____

Address _____

Phone _____

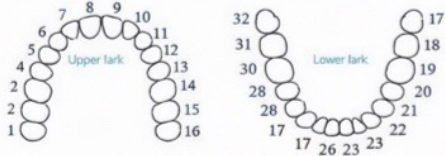
Patient Name _____

Rx Date _____ Due Date/Delivery on _____
(standard working time if no date given)

EXTRACTIONS

- Teeth to be extracted from model now
- Teeth removed from model at final processing

Please MARK all teeth to be extracted and replaced



Design

- Horseshoe palate (upper)
- Full palatal metal coverage
- A-P strap
- Lingual Plate
- Lingial Plate
- Lingual bar (lower)
- Lingual apron (lower)
- Wrought wire clasps (2°)
- Ball clasps
- Cosmetic clasp



DENTURES

- Upper Lower Set-up/Try-in Finish
- Lower Both Bite Rim/Wax Rim

PARTIALS

- Upper Lower Both Set-up/Try-in Finish
- Custom Tray Base Plate Bite Rim/Wax Rim

Base Material (non-metal)

- Acrylic Partial
- Flexible Partial
- Unilateral (nesbit)
- Immediate partial

Acrylic Shade (REQUIRED)

- Vitalium 199°
- Light Meharry
- Light Pink (Luc 199L)
- Meharry (Luc 199D)

Metal Framework

- Vitallium
- Cast metal
- Cast metal w/ Set-up/Try-in
- Cast metal w/ Bite rim

OTHER

- Upper Lower
- Reline Rebase
- Repair
- Soft liner
- Add clasp _____
(CLASP TYPE)

Tooth Shade _____

Tooth Mould No. _____

Doctor Signature: _____

License #: _____