SAKR DENTAL ARTS

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Removable Rx

☐ RUSH (Rush Fee may apply)

Rx DATE

DUE DATE (FOR DELIVERY BY 5PM)
/ / @ : AM PM

DOCTOR'S NAME

PATIENT APPT. DATE ☐ Adjustment ☐ Remake

OFFICE ADDRESS

PATIENT ID/NAME (FIRST/LAST)

OFFICE PHONE #

DOCTOR'S SIGNATURE & LICENSE # (REQUIRED)

Full Denture

☐ Upper ☐ Lower ☐ Both

☐ Set-Up/Try-In (Printed Resin)
☐ Set-Up/Try-In (Wax)
☐ Immediate
☐ Overdenture

☐ Future Implants
☐ Bone Reduction ________mm
☐ Open/Close VDO ± _______mm
☐ Wire Reinforcement
☐ Metal Mesh
☐ Metal Framework

Partial Denture

☐ Upper ☐ Lower ☐ Both

☐ Flipper (≤ 4 teeth)
☐ Partial (≥ 5 teeth)
☐ Valplast® Nesbit

☐ Flexible Clasps #'s: _________
☐ Wrought Wire Ball Clasp #'s: _________
☐ Wrought Wire C Clasp #'s: _________
☐ Wire Reinforcement
☐ Metal Mesh
☐ Metal Framework

Shade/Mould

Tooth Shade: ________________________
Shade Guide: ________________________
Gingival Shade: ________________________

☐ Bold
☐ Soft

☐ Ovoid
☐ Square
☐ Triangular

☐ Technician Match
☐ BlueLine®
☐ Phonares Ⅱ®: _______
☐ IPN®: _____________
☐ Other: _____________

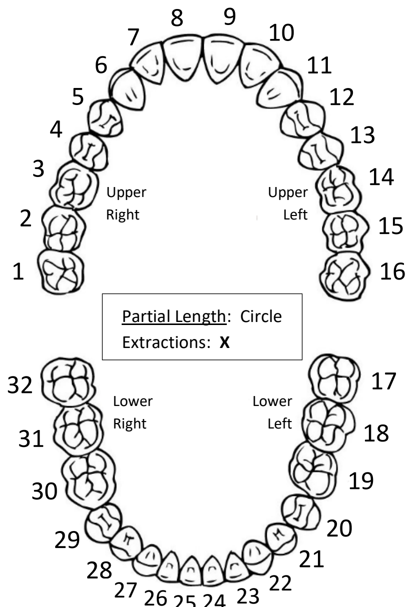
Denture Material Options

☐ Printed Resin/Lucitone®
☐ Milled Esthetic (Premium)
☐ Milled Ivotion® (Premium)
☐ Traditional Acrylic
☐ Printed Flexible Acrylic
☐ Traditional Valplast®
☐ Technician's choice

Reline/Repair/Reset

☐ Hard Reline ☐ Rebase
☐ Soft Reline ☐ Reset
☐ Frame Weld ☐ Repair
☐ Cross Mount ☐ Add Tooth

Rx SPECIFIC INSTRUCTIONS:



☐ CONTINUED ON BACK

Other Prosthesis

☐ Hard Night Guard ☐ Essix Retainer
☐ Hard/Soft Night Guard ☐ Hawley Retainer
☐ Kois Deprogrammer® ☐ Lingual Wire Retainer
☐ Lucia Jig® (Deprogrammer) ☐ Base Plate
☐ Surgical Stent ☐ Occlusal Rim
☐ Custom Tray ☐ Bite Block

Incoming Check List

☐ Impression/Master ☐ Bite
☐ Opposing ☐ Wash
☐ Old Denture/Partial ☐ Face Analyzer Record
☐ Emailed Pictures ☐ Diagnostic Wax-Up
☐ USB/SD Card ☐ Analog(s)
☐ Digital Scan: ____________