

Removable Rx

RUSH (Rush Fee may apply)

Rx DATE _____

DOCTOR'S NAME _____

OFFICE ADDRESS _____

OFFICE PHONE # _____

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

PATIENT APPT. DATE _____ Adjustment Remake

PATIENT ID/NAME (FIRST/LAST) _____

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 Technician Match
- Soft BlueLine®
-
- Ovoid Phonares II®: _____
- Square IPN®: _____
- Triangular Other: _____

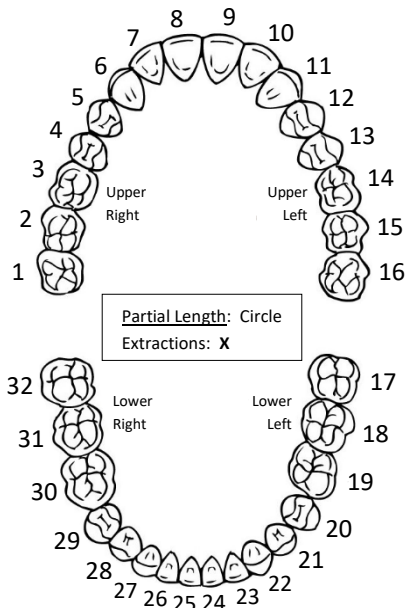
Denture Material Options

- 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: _____