

Removable Rx

RUSH (Rush Fee may apply)

Rx DATE _____

DUE DATE (FOR DELIVERY BY 5PM) _____

DOCTOR'S NAME _____

PATIENT APPT. DATE _____ @ _____ : _____ AM
PM

OFFICE ADDRESS _____

PATIENT ID/NAME (FIRST/LAST) _____

OFFICE PHONE # _____

DOCTOR'S SIGNATURE & LICENSE # (REQUIRED) _____

Adjustment

Remake

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

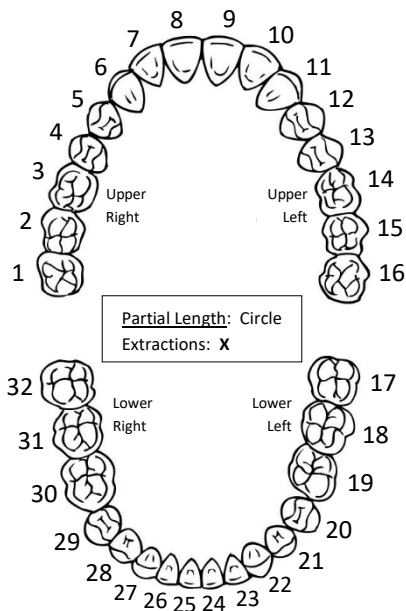
Hard Reline Rebase

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

Emailed Pictures

Diagnostic Wax-Up

USB/SD Card

Articulator

Digital Scan: _____

Analog(s)