REMOVABLE PROSTHETIC Rx

Laboratory Procedure Prescription

REQUIRED INFORMATION

Doctor Name _____

Practice Name _____

Address _____

Phone _____

Patient Name _____

Rx Date _____ **Due Date/Delivery on** _____

(standard working time if no date given)

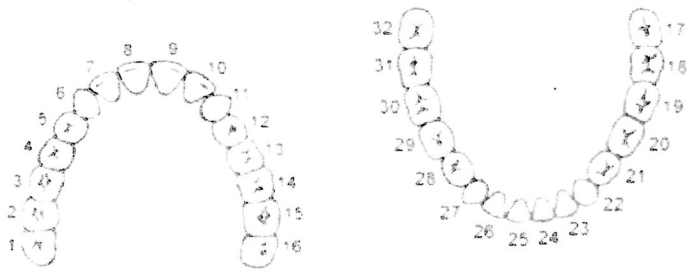
Case turnaround times are based on the date the Rx is received at DDL. Please allow 10 business days (M-F) from that date and 13 business days for complex cases.

☐ Teeth to be extracted from model now

☐ Teeth removed from model at final processing

EXTRACTIONS

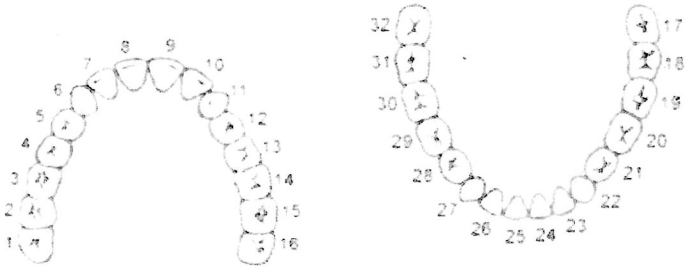
Please MARK all teeth to be extracted and replaced



CASE DESIGN

☐ Doctor's design

☐ Best design for fit and function



Acrylic Shade(If not Lucitone 199) _____

Tooth Shade _____ **Tooth Mould #** _____

Shade Guide Used _____

Denton Dental Laboratory, llc.

1714 North Randall Ave

Janesville, WI 53545

(608) 563-1800

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DENTURES

__ Upper __ Set-up/Try-in __ Finish

__ Lower __ Full Denture __ Metal Mesh

__ Both __ Immediate __Wire Reinforced

__ Custom Tray ___ Baseplate ___ Bite Rim

PARTIALS

___Upper ___Lower ___Both | Setup/Try-in___Finish____

___ Custom Tray ___Base Plate ___Bite Rim

Base Material(non-metal) || **Tooth Type**

__Acrylic(Valplast-printed) Classic___

__Immediate Partial Premium___

Metal Framework || **Design**

___Chrome Cobalt Horseshoe Palate____

___*Vitallium* Full Palatal Metal(U)___

_____ A-P strap____

___Elite ALL-Metal Partial Lingual Bar(L)____

_____ Lingual Apron(L)____

Wrought Wire Clasps__

Cast metal only_____ Ball Clasps_____

Cast metal w/Set-up_____ Cosmetic Clasp____

Cast metal w/ Bite rim_____ Unilateral(nesbit)_____

NIGHTGUARDS/SPLINTS || **OTHER**

___Upper ___Lower || Upper____Lower___

_____ Reline___Rebase___

____Soft _____

____Hard(clear acrylic)

____Impak(Like Bruxeze) Repair_____

____Dual Laminate Soft Liner_____

____Sports Guard(Pro-Form) Add Clasp_____

____Bleaching

____Surgical

____No Opposing

Other _____

_____

Dentist Signature** _____

License# _____

**The person signing this form is an authorized signer and, along with the dental practice, accepts responsibility for payment of all related charges, as well as any legal costs, collecti and other fees incurred by DDL in the event the account is sent to collections or litigation.