

## Removable Prosthetics Rx Laboratory Procedure Prescription

Doctor Name: \_\_\_\_\_ Patient's Name: \_\_\_\_\_  
 Practice Name/Site Code: \_\_\_\_\_ Patient's Chart #: \_\_\_\_\_ Gender:  M  F Age: \_\_\_\_\_  
 Address: \_\_\_\_\_ Rx Date: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Due Date/Deliver Case by 5pm on: \_\_\_\_\_ (12 Days maximum turnaround time if no date is given)  
 Account #: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Enclosed with case:  Impressions  Models  Bite  Photos  Other

Maximum turnaround time for removable prosthetics is 10 business days in lab plus 2 days for standard round trip shipping. Please allow for max. turnaround time when setting due date.

Dentures:	Partials:	Guards, Etc.:
<b>Select Arch:</b> <input type="checkbox"/> Upper <input type="checkbox"/> Lower  <b>Select Denture Type:</b> <input type="checkbox"/> Standard Denture <sup>3</sup> <input type="checkbox"/> Premium Denture <sup>4</sup> <input type="checkbox"/> Standard Immediate Denture <sup>3</sup> <input type="checkbox"/> Premium Immediate Denture <sup>4</sup> <input type="checkbox"/> Make a duplicate of the denture  <b>Select Stage:</b> <input type="checkbox"/> Custom Tray <input type="checkbox"/> Base Plate <input type="checkbox"/> Bite Block/Rim <input type="checkbox"/> Try-In w/Teeth <input type="checkbox"/> Finish <input type="checkbox"/> Add Patient ID	<b>Select Arch:</b> <input type="checkbox"/> Upper <input type="checkbox"/> Lower  <b>Select Partial Type:</b> <b>All Acrylic Partials:</b> <input type="checkbox"/> All Acrylic Flipper <sup>3</sup> <input type="checkbox"/> Standard All Acrylic <sup>3</sup> <input type="checkbox"/> Premium All Acrylic <sup>4</sup> <b>Flexible Partials (no metal):</b> <input type="checkbox"/> Semi-Flexible Resin <sup>5</sup> <input type="checkbox"/> High-Flexible Nylon <sup>6</sup>  <b>Partial Design:</b> <input type="checkbox"/> Horseshoe Palate (Upper Only) <input type="checkbox"/> Full Palatal Metal Coverage (Upper Only) <input type="checkbox"/> Add Wrought Wire Clasp (only applies to acrylic partials if > 4 clasps required) <input type="checkbox"/> Add Cosmetic Clasp (only applies to all acrylic & metal frame acrylic partials)	<b>Select Arch:</b> <input type="checkbox"/> Upper <input type="checkbox"/> Full Arch <input type="checkbox"/> Lower <input type="checkbox"/> Anterior Only  <b>Select Product Type:</b> <b>Nightguard</b> <input type="checkbox"/> Soft Guard <input type="checkbox"/> Hard Guard <input type="checkbox"/> Premium Hard/Soft Guard <b>Sports Guard</b> <input type="checkbox"/> Standard Sports Guard <input type="checkbox"/> Premium Sports Guard  <b>Trays</b> <input type="checkbox"/> Bleaching Tray <b>Space Maintainer (non-ortho)</b> <input type="checkbox"/> Unilateral <input type="checkbox"/> Bilateral

1 - Denture prices include all necessary teeth (as separately specified); all fabrication and adjustment labor; set-ups, occlusion records, base plates, bite blocks, models, dies, try-ins and articulators.  
 2 - Partial prices include all necessary teeth (as separately specified); all fabrication and adjustment labor; set-ups, occlusion records, models, dies, try-ins and articulators.  
 3 - Teeth Equal or better quality than Dentsply Classic, Base structure high quality denture base resin acrylic equal or better than Lucitone 199.  
 4 - Teeth Equal or better quality than Dentsply Portrait IPN, Base structure high quality denture base resin acrylic equal or better than Lucitone 199.  
 5 - Teeth quality equal or better than Dentsply Portrait IPN, Base structure equal or better than Duraflex semi-flexible premium grade thermoplastic resin. Includes unlimited number of clasps.  
 6 - Teeth quality equal or better than Dentsply Portrait IPN, Base structure equal or better than Valplast flexible premium grade thermoplastic nylon. Includes unlimited number of clasps  
 7 - Metal frame constructed of cast chrome cobalt that is nickel and beryllium free (Vitallium 2000, comparable or better). Includes unlimited number of cast clasps, saddles and rests at no additional fee.

### Repairs

Denture Repairs:	Partial Repairs:
<input type="checkbox"/> Simple Repair <sup>1</sup> <input type="checkbox"/> Complex Repair <sup>2</sup> <input type="checkbox"/> Reline (Hard) <input type="checkbox"/> Reline (Soft) <input type="checkbox"/> Rebase <input type="checkbox"/> Reset Teeth - 2nd attempt <input type="checkbox"/> Rework Denture - 2nd attempt <input type="checkbox"/> Remake Denture <input type="checkbox"/> Soft Gasket <input type="checkbox"/> Soft Liner	<input type="checkbox"/> Simple Repair <sup>1</sup> <input type="checkbox"/> Complex Repair <sup>2</sup> <input type="checkbox"/> Clasp Repair Only <input type="checkbox"/> Solder/Weld <input type="checkbox"/> Reset Teeth - 2nd attempt <input type="checkbox"/> Clean & Polish

1 - A simple repair, modification, or rejuvenation of a denture or partial including services such as cleaning, replacing teeth, and repairing minor fractures.  
 2 - A complex repair or modification of a denture or partial involving more than 30 minutes of technician time.

### Case Specifications:

**Design:**  
 Follow Doctor's Design  
 Have the Lab Design  
  
**Extraction Instructions:**  
 Extracting all teeth  
 Extracting the following teeth #s: \_\_\_\_\_  
  
**Acrylic Shade:**  
 Light Pink  
 Pink  
 Ethnic  
  
 Shade Guide Name: \_\_\_\_\_  
  
 Mould #: \_\_\_\_\_

**Please Mark All Teeth to be Extracted**

The diagram shows two dental arches. The upper arch is numbered 1 through 16 from left to right. The lower arch is numbered 17 through 32 from right to left. Each tooth is represented by a small circle with a cross-section, and the numbers are placed above or below each tooth.

**Rx Special Instructions:**

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Dental lab is required to obtain approval from the Purchasing Dept before fulfilling an Rx that includes items outside of the standard formulary