



# Laboratory Prescription Form

Dr. Office: \_\_\_\_\_ Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

PH: \_\_\_\_\_ Office Email: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Age: \_\_\_\_\_ Male ( ) or Female ( )

Smoker ( ) or Non Smoker ( ), (Infection Control: Yes \_\_\_ or No \_\_\_)

Date Sent: \_\_\_\_\_ Date of Try-in: \_\_\_\_\_ Delivery Date: \_\_\_\_\_

Shade Guide: \_\_\_\_\_ Tooth Shade: \_\_\_\_\_ Custom Denture Shading ( )

Papilameter Reading: \_\_\_\_\_ Alameter Reading: \_\_\_\_\_ Model ID: \_\_\_\_\_ Case ID: \_\_\_\_\_

## Bar Retained Dentures & Overdentures (Please ✓)

Bar Retained Dentures	Teeth Selection	Rx: Complete Description
All on 4 Titanium ( )	Nano Filled Composite+ ( )	
Re Bourke / Locking ( )	Vita Cell ( )	
Magnetic All on 4 ( )	GSR Dental Choice Composite ( )	
All on 4 Rebase ( )	HC Polymer ( ), Plastic ( )	
Other: _____	Other: _____	
<b>Overdentures</b>	<b>Facial Characteristics</b>	
Locator Self-Aligning ( )	Square ( )	
Locator ( )	Tapering ( )	
Locator R-Tx ( )	Triangular ( )	
ERA ( )	Ovoid ( )	
Mini ERA ( )	Dominant Right ( ) or Left ( )	
Hader ( )	Diastema ( )	
Universal Plunger Loc ( )	Denture ID ( )	
Other: _____		

Dr, Signature: \_\_\_\_\_ License#: \_\_\_\_\_ State: \_\_\_\_\_