



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: _____

Basic Selection (Please v)

| Denture Selection | Partial's | Basic List |
|------------------------------|--|--|
| Economy Classic Dentures () | Vitalium 2000 (), SLM (), | Reline Hard (), Reline Soft () |
| Standard Dentures () | Swing Lock (), Percision () | Acrylic N/G (), 3D Nightguard () |
| Premium Dentures () | TCS iFlex (), TCS Unbreakable () | ProForm N/G (), Sport Guard () |
| Deluxe Dentures () | TCS Karadent Partial (), Vaplast () | Bleaching Trays (), Custom Trays () |
| _____ | Combination (), Acrylic Partial () | Bite Blocks (), Repair () |
| Flex Dentures () | Acrylic Partial with Metal Clasp () or Flex Clasp () | Facial Characteristics |
| GSR Dental Choice Teeth () | Flex Clasp (), Flex Flipper () | Square (), Tapering (), Triangular () |
| Other _____ | Acrylic Flipper () | Ovoid (), Dominant R () or L () |
| | | Diastema (), Denture ID () |

Rx: Complete Description

Dr, Signature: _____ License#: _____ State: _____

©2018, GSR Dental. All Rights Reserved. (Additional Instructions On Reverse Side) Yes () or NO ()

Client agrees to pay any collection costs incurred in the collection of any delinquent account including reasonable attorney fees.