

Removable Prosthetics Rx

Rx Date _____

Case # _____

Date Wanted _____ Time _____

FOR DELIVERY BY 5PM.

NOTE: If no due date is assigned, a standard Ward due date will be applied.

Try-In _____ Finish _____

Doctor Information

Name _____

Address _____

Telephone _____

Patient Information

Name _____ Sex _____ Age _____

Call me (before proceeding with case)

Have you included the following?

Impression Bite Opposing Shade Pre-op study model

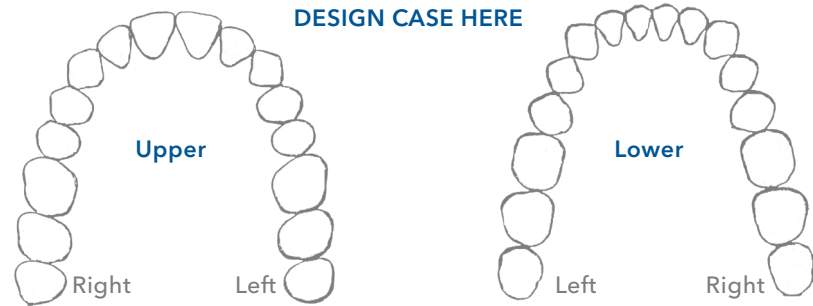
Checklist

Midline marked High lipline marked

Please send: Prescription Forms Plastic bags Case boxes

Rx _____

_____ No Name Tag



Cast Partial Upper

- Full metal palate
- Horseshoe palate
- Window palate
- Lab select

Lower

- Swing lock
- Lingual plate
- Lingual bar
- D-E hinge
- Lab select

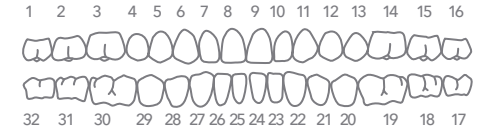
Clasp Type

- Cast
- Gold
- SS wire

Upper Lower

Metal Free Partial Denture

- VisiClear
- Valplast
- Acrylic



Anterior

- Bioform™ IPN®
- Vita
- Mould _____
- Shade _____
- Portrait® IPN
- Other _____
- Ivoclar

Posterior

- Bioform IPN
- Vita
- Mould _____
- Shade _____
- Twenty degrees (20°)
- Portrait IPN
- Other _____
- Rational
- Thirty degrees (30°)
- Ivoclar
- Functional

Acrylic

- Fibered pink
- Lucitone 199
- Dark
- Other
- Full denture
- Bite block
- Acrylic tray
- Reline
- Soft reline
- Bleaching tray
- Immediate denture
- Rebase
- Processed splint
- Mouthguard
- Surgical stent

Nightguards

- Hard
- Hard-soft
- Thermoplastic
- Name in appliance

Doctor's Signature _____ License # _____

Person signing this authorization accepts sole responsibility for payment and agrees to pay all legal and collection costs in the event of suit, including reasonable fees.

White - Lab Copy Blue - Doctor's Copy