

Removable Prosthetics Rx

REQUIRED INFORMATION

Dr. _____

Practice: _____

Office Location: _____

Tel: _____ Email: _____

Patient: _____ ☐ M ☐ F Age: _____

Rx Date: _____ Delivery by 5.0pm on: _____

(standard working time if no date given)

CASE INSTRUCTIONS

Denture introduction

- ☐ Custom tray ☐ Bite rim ☐ Acrylic base & rim

Second stage

- ☐ Cast partial framework
☐ Wax setup try-in (full)
☐ Wax setup try-in (partial)

Teeth shade: _____

Finish stage

- ☐ Acrylic full denture finish
☐ Acrylic partial denture finish
☐ Flexi partial denture finish

Clasp

- ☐ Wrought wire
☐ Flexi

Gum shade

- ☐ Standard pink
☐ Light meharry
☐ Medium meharry
☐ Dark meharry

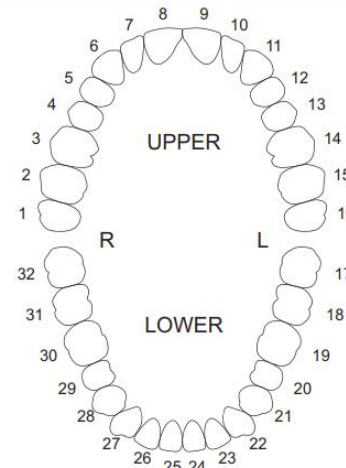
Denture ID: _____

Dentist Signature _____

OTHER

- ☐ Hard night guard ☐ Temporary crown/bridge
☐ Hard/soft night guard ☐ Reline denture
☐ Soft night guard

CASE DESIGN



Please mark all teeth to be extracted.

- ☐ Follow the doctor's design
☐ Have the lab design

Denture design

- ☐ Horseshoe palate (upper)
☐ Full palate coverage (upper)
☐ Lingual apron (lower)
☐ Lingual bar (lower)

SPECIFIC INSTRUCTIONS
