

## 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

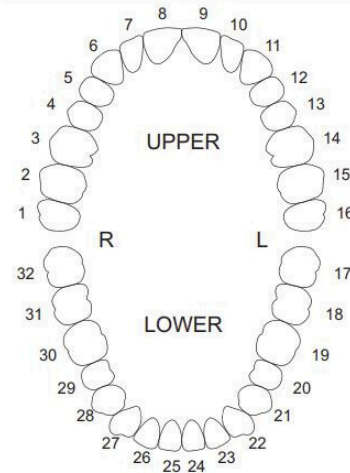
Denture ID: \_\_\_\_\_

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

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**CROWNSOURCES**

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