

Removable Prosthetics Rx

RX DATE _____

CASE # _____

DATE WANTED _____	TIME _____
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TRY-IN _____ FINISH _____

DOCTOR INFORMATION

Name _____

Address _____

Telephone _____

PATIENT INFORMATION

Name _____ Sex _____ Age _____

Call me (before proceeding with case)

HAVE YOU INCLUDED THE FOLLOWING?

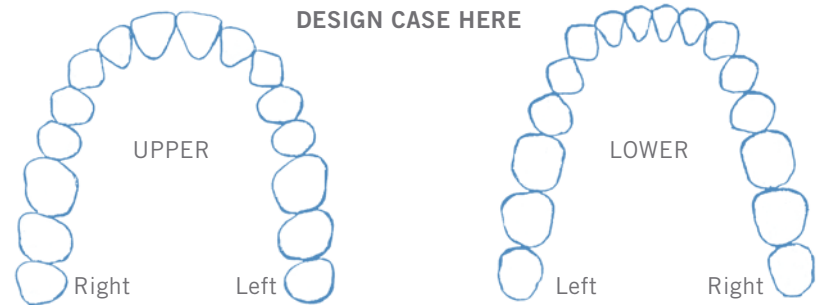
Impression Bite Opposing Shade Pre-op study model

CHECKLIST

Midline marked High lipline marked

PLEASE SEND Prescription Forms Plastic bags Case boxes

Rx _____



CAST PARTIAL UPPER

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

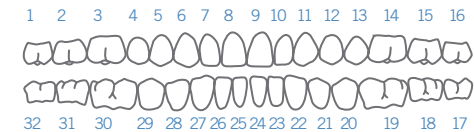
LOWER

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

CLASP TYPE

- Cast
- Gold
- SS wire

CIRCLE TEETH NUMBERS



UPPER

LOWER

ANTERIOR

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

POSTERIOR

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

ACRYLIC

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

NIGHTGUARDS

- Hard
- Thermoplastic
- Hard-Soft
- Name in appliance

Doctor's Signature _____ License # _____