

Removable Prosthetics Rx

Laboratory Procedure Prescription

Teeth to be extracted now? Yes No

REQUIRED INFORMATION

This is my first case with DDS Lab

Doctor Name _____
Last First

Practice Name _____

Address _____

Phone _____

E-mail _____

Patient Name _____

Patient Chart # _____ M F Age _____

Rx Date _____ Due Date/Delivery by 5pm on _____

(standard working time if no date given)

Case turnaround times are based on the date the prescription is received at DDS Lab. Please allow at least 10 business days (M-F) from that date.

DENTURES

- Upper **Try-in*** Premier™ Denture Custom tray
- Lower Finish **Elite™ Denture*** Base plate
- Cast metal base Immediate/Surgical Denture Occlusal rim
- Metal mesh *Standard design if an option is not selected.

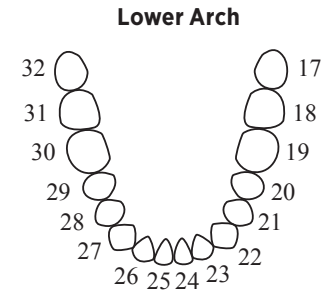
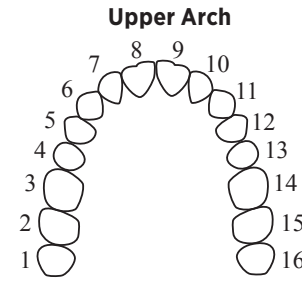
PARTIALS

- Upper Lower **Try-in*** Finish
- Base Material** Acrylic CustomFlex™ Valplast* Immediate/surgical
- Metal** Custom tray Base plate Occlusal rim
- Acrylic flipper (1-4 teeth)
- Cast metal framework only
- Cast metal framework w/ bite rim
- Vitallium cast frame
- Tooth Type** Premier Elite

Partial Design

- Horseshoe palate (upper) Full palatal metal coverage (upper)
- Wrought wire clasps Lingual bar (lower)
- Lingual apron (lower) Cosmetic clasp Cast clasp
- A-P strap Ball clasps

CASE DESIGN



Please mark all teeth to be extracted.

- Follow the doctor's design
- Best design for fit and function

Acrylic Shade

- Lucitone 199* (Regular)** Light Pink Meharry Light Meharry

Shade _____

Mould no. _____

OTHER

- Upper Soft
- Lower Hard (Clear acrylic)
- FlexiGuard™ (Hard-soft)
- Sports guard
- Other** Reline Complex Repair
- Rebase Basic repair Add clasp
- Soft liner Patient ID

RX SPECIFIC INSTRUCTIONS

Dentist signature** (REQUIRED)

Dentist license no.

- Script has been reviewed for accuracy, legibility and completion. Impressions have been approved by the dentist.

To request supplies, email AccountManager@ddslab.com



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**The person signing this authorization and/or the dental practice accepts responsibility for payment of the related charges and agrees to pay all legal and collections costs in the event the account is in collections or litigation, including reasonable fees. RX-REM2016 © 2016 DDS Lab. All rights reserved.