

# Removable Prosthetic Rx

## Laboratory Procedure Prescription

### REQUIRED INFORMATION

Doctor Name \_\_\_\_\_  
Last First

Practice Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Patient Name \_\_\_\_\_

Patient Chart # \_\_\_\_\_  M  F DOB \_\_\_\_\_

Rx Date \_\_\_\_\_ Due Date/Delivery on \_\_\_\_\_

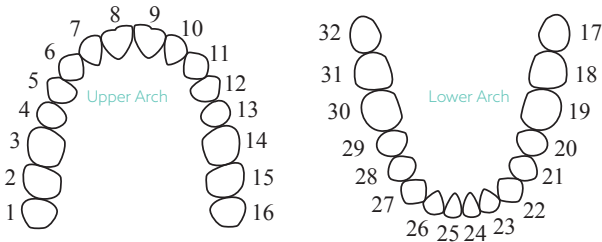
(standard working time if no date given)

Case turnaround times are based on the date the Rx is received at DDS Lab. Please allow 10 business days (M-F) from that date and 13 business days for complex cases.

- Teeth to be extracted from model now
- Teeth removed from model at final processing

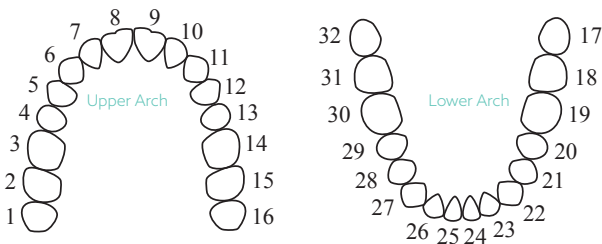
### EXTRACTIONS

Please MARK all teeth to be extracted and replaced



### CASE DESIGN

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



### Acrylic Shade (REQUIRED)

- Lucitone 199\*
- Light Meharry
- Light Pink (Luc 199L)
- Meharry (Luc 199D)

Tooth shade \_\_\_\_\_ Tooth Mould No. \_\_\_\_\_  
(REQUIRED)

Shade Guide Used \_\_\_\_\_ (Vita is default)

**\*Standard design if an option is not selected**



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### DENTURES

- Upper
- Lower
- Both
- Custom tray
- Base plate
- Bite rim
- Set-up/Try-in\*
- Elite™ Denture\*
- Premier™ Denture (extra charge)
- Immediate/Surgical Denture
- Finish
- Cast metal mesh
- Wire reinforcement
- Patient ID (extra charge)

### PARTIALS

- Upper
- Lower
- Both
- Set-up/Try-in\*
- Finish

- Custom Tray
- Base Plate
- Bite Rim

### Base Material (non-metal)

- Acrylic Partial\*
- CustomFlex™ Partial
- Valplast® Partial
- Immediate/Surgical partial

### Metal Framework

- Chrome Cobalt\*
- Vitallium
- Elite Metal Partial\*
- CustomFlex™ Partial
- Valplast Partial
- Cast metal only
- Cast metal w/ Set-up/Try-in
- Cast metal w/ Bite rim

### Tooth Type

- Elite™\*
- Premier™ (extra charge)

### Design

- Horseshoe palate (upper)
- Full palatal metal coverage (upper)
- A-P strap
- Lingual bar (lower)
- Lingual apron (lower)
- Wrought wire clasps (2\*)
- Ball clasps
- Cosmetic clasp
- Unilateral (nesbit)

### NIGHTGUARDS/SPLINTS

- Upper\*
- Lower
- Soft
- Hard (clear acrylic)
- FlexiGuard™ (hard-soft)\*
- Astron thermoguard
- Sports guard Level \_\_\_\_\_
- dreamTAP® snore guard
- Deprogrammer mini
- Deprogrammer full
- No opposing

### OTHER

- Upper
- Lower
- Reline
- Rebase
- Repair
- Soft liner
- Add clasp \_\_\_\_\_  
(CLASP TYPE)

### RX SPECIFIC INSTRUCTIONS

Please provide any photos, study models, diagnostic casts with case  
Email photos to: [ddslabpix@ddslab.com](mailto:ddslabpix@ddslab.com)

\*\*The person signing this form is an authorized signer and, along with the dental practice, accepts responsibility for payment of all related charges, as well as any legal costs, collection and other fees incurred by DDS Lab in the event the account is sent to collections or litigation.

Dentist signature\*\* \_\_\_\_\_  
(REQUIRED)

Dentist license no. \_\_\_\_\_  
(REQUIRED)