

REQUIRED INFORMATION

Doctor name \_\_\_\_\_  
Last First

Practice name and ID# \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Patient name \_\_\_\_\_  
Last First

Patient chart no. \_\_\_\_\_  M  F Age \_\_\_\_\_

Today's Rx date \_\_\_\_\_

Due date/Deliver case by 5pm on \_\_\_\_\_ (12 business days turnaround time if no date is given)

Maximum turnaround time for crown and bridge restorations is 10 business days (M-F in lab) plus 2 days for standard roundtrip shipping. Please allow for maximum turnaround time when setting due date.

CASE INSTRUCTIONS

**Tooth Numbers** Circle single units, bracket splinted units and cross out missing teeth.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

<b>PFM/PFG</b>	<b>All Ceramic (No Metal)</b>	<b>Inlay/Onlay</b>	<b>Full Cast</b>
<input type="checkbox"/> PFM (Base)	<input type="checkbox"/> Lithium Disilicate <sup>1</sup>	<input type="checkbox"/> Lithium Disilicate <sup>1</sup>	<input type="checkbox"/> Base
<input type="checkbox"/> PFM (Noble)	<input type="checkbox"/> Zirconia (Layered) <sup>2</sup>	<input type="checkbox"/> Leucite Reinforced <sup>4</sup>	<input type="checkbox"/> Noble
<input type="checkbox"/> PFM (Hi Noble White)	<input type="checkbox"/> Zirconia (Full) <sup>3</sup>	<input type="checkbox"/> Composite or Hybrid	<input type="checkbox"/> Noble (2% Yellow)
<input type="checkbox"/> Captek®(Hi Noble Yellow)	<input type="checkbox"/> Leucite Reinforced Ceramic <sup>4</sup>		<input type="checkbox"/> Hi Noble (Yellow)
<input type="checkbox"/> PFM (Hi Noble Yellow)			

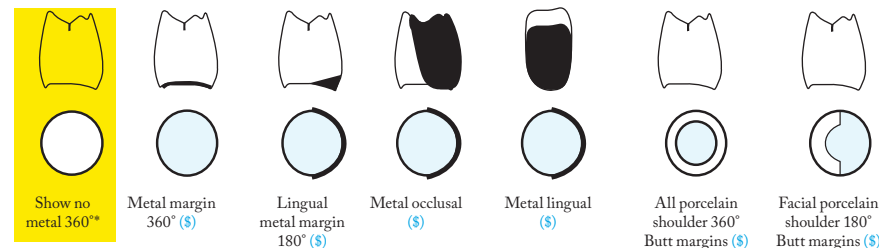
Implant Crown     Other \_\_\_\_\_

**Return for**  
 **Finish\***    Die trim    Bisque    Bake    Metal try-in    Call before processing

<sup>1</sup> Equal or better quality than IPS e.max CAD/Press  
<sup>2</sup> Equal or better quality than Lava, Cercon, Procera  
<sup>3</sup> Equal or better quality than Bruxzir  
<sup>4</sup> Equal or better quality than Empress

MARGIN DESIGN

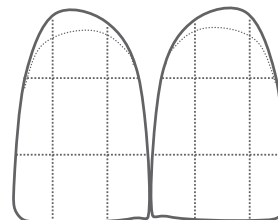
Please circle your choice(s) of margin design.



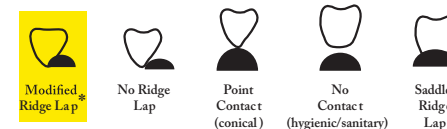
Porcelain Margins require: Heavy Shoulder or Heavy Chamfer

CROWN DESIGN

Characterizations



Pontic Design



Circle your choice of pontic design.

Shade \_\_\_\_\_

Stump Shade \_\_\_\_\_

(required for Leucite reinforced ceramic/Lithium disilicate crowns)

If Insufficient Room

**Trim opposing\***    Reduction coping (\$)    Metal occlusal (\$)    Metal island (\$)

Occlusal Clearance

**Light\***  
 Open  
 Tight

Contact

**Light\***  
 Medium  
 Heavy

SPECIFIC INSTRUCTIONS

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Dentist signature \_\_\_\_\_

Dentist license no. \_\_\_\_\_

Dentist has approved impressions and reviewed script for accuracy, legibility and completion.

If you would like to request lab supplies or have any questions on ordering, you can email your Dedicated SBI Support Team at SBICare@DDSLab.com.

# Orthodontic Appliance & Study Model Prescription

REQUIRED INFORMATION

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

Practice Name / Site Code \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

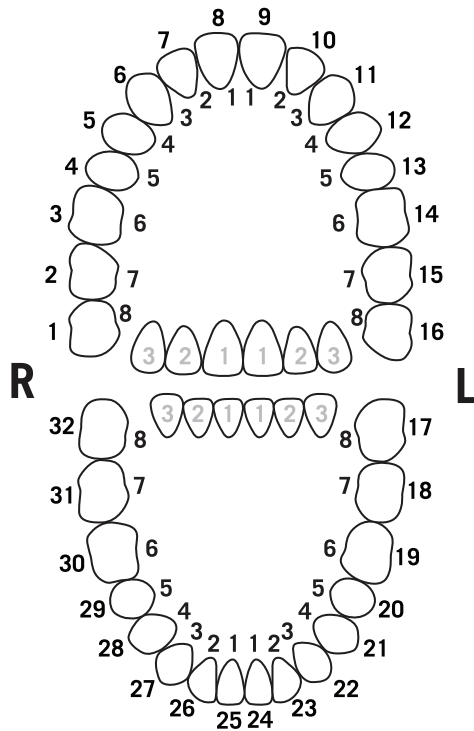
Patient Name \_\_\_\_\_  
Last First

Patient Chart # \_\_\_\_\_  M  F Age \_\_\_\_\_

Rx Date \_\_\_\_\_ Due Date/Delivery by 5pm on \_\_\_\_\_

Case turnaround times are based on the date the prescription is received at the lab. Please allow at least 7 business days (M-F) from that date. Rush fees may apply for faster than standard turnaround times.

DESIGN



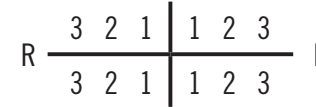
CASE INSTRUCTIONS

**FIXED APPLIANCE**

- Nance
- Lingual Arch (Bilateral)
- Transpalatal Arch
- Quad-Helix
- RPE
- Space Maintainer
- Reset Teeth Circle

**Bite Plate**

- Ant  Post
- Pontics # \_\_\_\_\_
- Functional Appliance \_\_\_\_\_
- Other Appliance \_\_\_\_\_



**RETAINERS**

- Hawley
- Wraparound
- Spring Retainer 3-3
- Modified Spring Retainer
- Essix
- Fixed Ret. (3x3)
- Other Removable \_\_\_\_\_

**Clasp**

- Ball
- C
- Sold C
- Adams
- Arrow

**Springs**

- Finger
- S
- Helix
- Mushroom
- Distalizing

**Acrylic**

- Std. Pink
- Std. Clear
- Neon
- Glitter
- Tropical

Other Acrylic Color \_\_\_\_\_

SPECIAL INSTRUCTIONS

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*If occlusal indexing is requested or bite plane is to be added, wax bite registration and opposing arch is required.

SIGNATURE

\_\_\_\_\_  
 Doctor Signature License # \_\_\_\_\_

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

To request supplies, e-mail CustomerService@ddslab.com

**Removable Prosthetics Rx**

Laboratory Procedure Prescription

Doctor Name: \_\_\_\_\_ Patient's Name: \_\_\_\_\_  
 Practice Name/Site Code: \_\_\_\_\_ Patient's Chart #: \_\_\_\_\_ Gender:  M  F Age: \_\_\_\_\_  
 Address: \_\_\_\_\_ Rx Date: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Due Date/Deliver Case by 5pm on: \_\_\_\_\_ (12 Days maximum turnaround time if no date is given)  
 Account #: \_\_\_\_\_ Maximum turnaround time for removable prosthetics is 10 business days in lab plus 2 days for standard round trip shipping. Please allow for max. turnaround time when setting due date.  
 Phone: \_\_\_\_\_  
 Enclosed with case:  Impressions  Models  Bite  Photos  Other

**Dentures:**

**Select Arch:**  
 Upper  
 Lower

**Select Denture Type:**  
 Standard Denture <sup>3</sup>  
 Premium Denture <sup>4</sup>  
 Standard Immediate Denture <sup>3</sup>  
 Premium Immediate Denture <sup>4</sup>  
 Make a duplicate of the denture

**Select Stage:**  
 Custom Tray  
 Base Plate  
 Bite Block/Rim  
 Try-In w/Teeth  
 Finish  
 Add Patient ID

**Partials:**

**Select Arch:**  
 Upper  
 Lower

**Select Partial Type:**  
**All Acrylic Partials:**  
 All Acrylic Flipper <sup>3</sup>  
 Standard All Acrylic <sup>3</sup>  
 Premium All Acrylic <sup>4</sup>  
**Flexible Partials (no metal):**  
 Semi-Flexible Resin <sup>5</sup>  
 High-Flexible Nylon <sup>6</sup>

**Partial Design:**  
 Horseshoe Palate (Upper Only)  Lingual Apron (Lower Only)  
 Full Palatal Metal Coverage (Upper Only)  Lingual Bar (Lower Only)  
 Add Wrought Wire Clasp (only applies to acrylic partials if > 4 clasps required)  
 Add Cosmetic Clasp (only applies to all acrylic & metal frame acrylic partials)

**Select Stage:**  
 Framework Try-In  
 Framework Try-In w/Teeth  
 Finish

**Metal Frame Partials:**  
 Std. CCC Frame w/ Acrylic <sup>3&7</sup>  
 Prem. CCC Frame w/ Acrylic <sup>4&7</sup>  
 Cast Chrome Cobalt Frame only <sup>7</sup>

**Combination Partials:**  
 CCC Frame w/ Semi-Flex Resin <sup>5&7</sup>  
 CCC Frame w/ High-Flex Nylon <sup>6&7</sup>

**Guards, Etc.:**

**Select Arch:**  
 Upper  Full Arch  
 Lower  Anterior Only

**Select Product Type:**  
**Nightguard**  
 Soft Guard  
 Hard Guard  
 Premium Hard/Soft Guard  
**Sports Guard**  
 Standard Sports Guard  
 Premium Sports Guard

**Trays**  
 Bleaching Tray  
**Space Maintainer (non-ortho)**  
 Unilateral  
 Bilateral

1 - Denture prices include all necessary teeth (as separately specified); all fabrication and adjustment labor; set-ups, occlusion records, base plates, bite blocks, models, dies, try-ins and articulators.  
 2 - Partial prices include all necessary teeth (as separately specified); all fabrication and adjustment labor; set-ups, occlusion records, models, dies, try-ins and articulators.  
 3 - Teeth Equal or better quality than Dentsply Classic, Base structure high quality denture base resin acrylic equal or better than Lucitone 199.  
 4 - Teeth Equal or better quality than Dentsply Portrait IPN, Base structure high quality denture base resin acrylic equal or better than Lucitone 199.  
 5 - Teeth quality equal or better than Dentsply Portrait IPN, Base structure equal or better than Duraflex semi-flexible premium grade thermoplastic resin. Includes unlimited number of clasps.  
 6 - Teeth quality equal or better than Dentsply Portrait IPN, Base structure equal or better than Valplast flexible premium grade thermoplastic nylon. Includes unlimited number of clasps  
 7 - Metal frame constructed of cast chrome cobalt that is nickel and beryllium free (Vitalium 2000, comparable or better). Includes unlimited number of cast clasps, saddles and rests at no additional fee.

**Repairs**

**Denture Repairs:**  
 Simple Repair <sup>1</sup>  
 Complex Repair <sup>2</sup>  
 Reline (Hard)  
 Reline (Soft)  
 Rebase  
 Reset Teeth - 2nd attempt  
 Rework Denture - 2nd attempt  
 Remake Denture  
 Soft Gasket  
 Soft Liner

**Partial Repairs:**  
 Simple Repair <sup>1</sup>  
 Complex Repair <sup>2</sup>  
 Clasp Repair Only  
 Solder/Weld  
 Reset Teeth - 2nd attempt  
 Clean & Polish

1 - A simple repair, modification, or rejuvenation of a denture or partial including services such as cleaning, replacing teeth, and repairing minor fractures.  
 2 - A complex repair or modification of a denture or partial involving more than 30 minutes of technician time.

**Case Specifications:**

**Design:**  
 Follow Doctor's Design  
 Have the Lab Design

**Extraction Instructions:**  
 Extracting all teeth  
 Extracting the following teeth #s: \_\_\_\_\_

**Acrylic Shade:**  
 Light Pink  
 Pink  
 Ethnic

Shade Guide Name: \_\_\_\_\_  
 Mould #: \_\_\_\_\_

Please Mark All Teeth to be Extracted

**Rx Special Instructions:**

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Dental lab is required to obtain approval from the Purchasing Dept before fulfilling an Rx that includes items outside of the standard formulary

Dentist Signature: \_\_\_\_\_ License Number \_\_\_\_\_

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

To request lab ordering and shipping supplies email [CustomerService@ddslabsolutions.com](mailto:CustomerService@ddslabsolutions.com)