

Removable Prosthetic Rx

Laboratory Procedure Prescription

REQUIRED INFORMATION

Doctor Name _____
Last First

Practice Name _____

Address _____

Phone _____

Patient Name _____

Patient Chart # _____ M F DOB _____

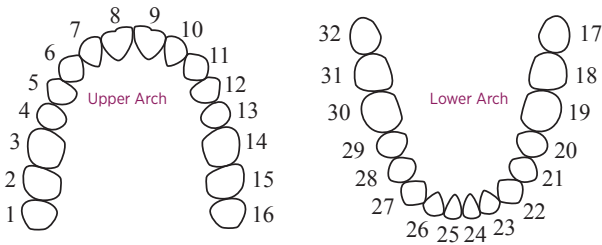
Rx Date _____ Due Date/Delivery on _____
(standard working time if no date given)

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

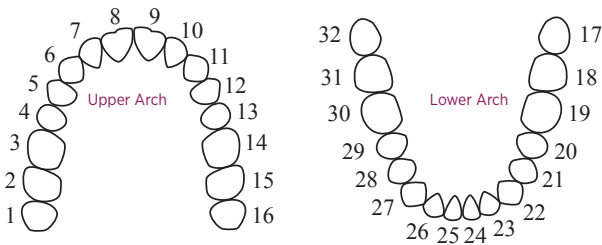
EXTRACTIONS

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**

DENTURES

- Upper
- Lower
- Both
- Custom tray
- Base plate
- Bite rim
- Set-up/Try-in*
- Elite™ Denture*
(extra charge)
- Premier™ Denture
(extra charge)
- Immediate/Surgical Denture
- Finish
- Cast metal base
- Metal mesh
- 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 Acrylic Partial*
w/ framework
- CustomFlex™ Partial
w/ framework
- Valplast Partial w/ framework
- Cast metal only
- Cast metal w/ Set-up/Try-in
- Cast metal w/ Bite rim

NIGHTGUARDS/SPLINTS

- Upper Lower
- Soft
- Hard (clear acrylic)
- FlexiGuard™ (hard-soft)
- Astron thermoguard
- Sports guard
- dreamTAP® snore guard

Tooth Type

- Elite™*
- Premier™
(extra charge)

Partial Design

- Horseshoe palate (upper)
- Wrought wire clasps (2*)
- Lingual apron (lower)
- A-P strap
- Unilateral (nesbit)
- Ball clasps

Framework Design

- Full palatal metal coverage (upper)
- Lingual bar (lower)
- Cosmetic clasp

OTHER

- Reline Rebase
- Simple repair
- Complex 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

**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)