

REMOVABLE PROSTHETIC RX



REQUIRED INFORMATION

Doctor Name _____
Last First

Practice Name _____

Address _____

Phone _____

Patient Name _____ M F DOB _____

Patient Chart# _____

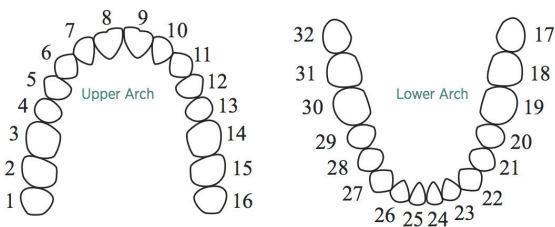
Rx Date _____ Due Date/Delivery on _____

Case turnaround times are based on the date the Rx is received at Ceramics Dental 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

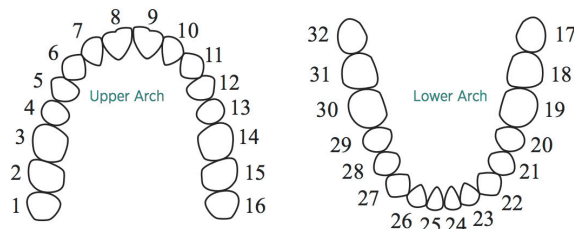
EXTRACTIONS

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 _____

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 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

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

Partial Design

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

NIGHTBUARDS/SPLINTS

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

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: carloslab10@yahoo.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 Ceramics Dental Lab in the event the account is sent to collections or litigation.

Dentist signature** _____

Dentist license # _____