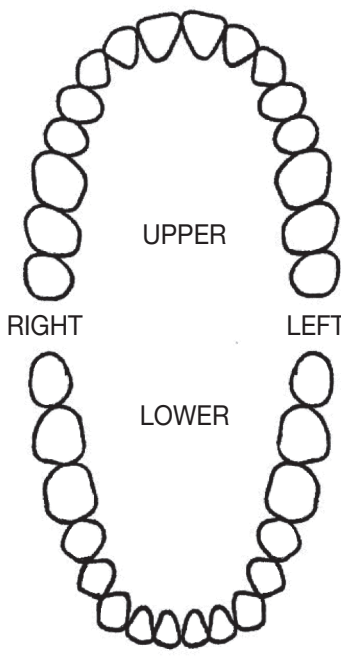


**Removable Restoration Prescription Form**

Dr .....	Date Sent .....	Case Reference
Patient .....	Date Due .....	
<b>ARCH</b>		
<input type="checkbox"/> Upper	<input type="checkbox"/> Lower	<input type="checkbox"/> Upper and Lower
<b>METAL FRAME DENTURE</b>	<b>ACRYLIC DENTURE</b>	<b>FLEXIBLE DENTURE</b>
<b>Metal</b> <input type="checkbox"/> CoCr <input type="checkbox"/> Vitallium 2000  <b>Stage</b> <input type="checkbox"/> Frame Only <input type="checkbox"/> Frame with Bite Blocks <input type="checkbox"/> Frame with Teeth Set in Wax <input type="checkbox"/> Frame, Set Teeth & Finish <input type="checkbox"/> Process & Finish Only	<b>Type</b> <input type="checkbox"/> Full <input type="checkbox"/> Partial  <b>Stage</b> <input type="checkbox"/> Bite Blocks <input type="checkbox"/> Wax <input type="checkbox"/> Hard Base <input type="checkbox"/> Teeth Setup Only <input type="checkbox"/> Set Teeth & Finish <input type="checkbox"/> Process & Finish Only	<b>Material</b> <input type="checkbox"/> Valplast <input type="checkbox"/> Clear & Flexi  <b>Stage</b> <input type="checkbox"/> Try in with Teeth in Wax <input type="checkbox"/> Process & Finish Only <input type="checkbox"/> Set Teeth & Finish
<b>OTHER</b>		<b>PLEASE DRAW YOUR DESIGN HERE</b>
<input type="checkbox"/> Custom Tray <input type="checkbox"/> Occlusal Splint <input type="checkbox"/> Mouthguard <input type="checkbox"/> Reline <input type="checkbox"/> Perforated <input type="checkbox"/> Soft <input type="checkbox"/> Single Layer <input type="checkbox"/> Repair <input type="checkbox"/> Non-Perforated <input type="checkbox"/> Hard <input type="checkbox"/> Double Layer <input type="checkbox"/> Bleaching Trays <input type="checkbox"/> Soft & Hard <input type="checkbox"/> Surgical Stent  <input type="checkbox"/> Clasp Addition <input type="checkbox"/> Tooth Addition # .....    # .....		
<b>DESIGN</b> <input type="checkbox"/> Lab to Design <input type="checkbox"/> See Drawing on this Form <input type="checkbox"/> See Drawing on the Model  <b>Major Connector</b> <input type="checkbox"/> Lingual Plate <input type="checkbox"/> Lingual Bar <input type="checkbox"/> Horseshoe <input type="checkbox"/> Open Palate <input type="checkbox"/> Palatal Strap <input type="checkbox"/> Other .....  <b>Clasp &amp; Rest Design</b> <input type="checkbox"/> Cast Clasp <input type="checkbox"/> Valplast Clasp <input type="checkbox"/> Clear Clasp <input type="checkbox"/> Rests # .....    # .....    # .....    # .....  <b>Immediate Replacement</b> <input type="checkbox"/> Extract # .....		
<b>SPECIAL INSTRUCTIONS</b>		SHADE: .....