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Removable Restoration Prescription Form

Dr	Date Sent	Case Reference
Patient	Date Due	

ARCH

☐ Upper ☐ Lower ☐ Upper and Lower

METAL FRAME DENTURE	ACRYLIC DENTURE	FLEXIBLE DENTURE
Metal ☐ CoCr ☐ Vitallium 2000	**Type** ☐ Full ☐ Partial	**Material** ☐ Valplast ☐ Clear & Flexi
Stage ☐ Frame Only ☐ Frame with Bite Blocks ☐ Frame with Teeth Set in Wax ☐ Frame, Set Teeth & Finish ☐ Process & Finish Only	**Stage** ☐ Bite Blocks ☐ Wax ☐ Hard Base ☐ Teeth Setup Only ☐ Set Teeth & Finish ☐ Process & Finish Only	**Stage** ☐ Try in with Teeth in Wax ☐ Process & Finish Only ☐ Set Teeth & Finish

OTHER

☐ Custom Tray ☐ Occlusal Splint ☐ Mouthguard ☐ Reline
☐ Perforated ☐ Soft ☐ Single Layer ☐ Repair
☐ Non-Perforated ☐ Hard ☐ Double Layer ☐ Bleaching Trays
☐ Soft & Hard ☐ Surgical Stent

☐ Clasp Addition # .....

☐ Tooth Addition # .....

DESIGN

☐ Lab to Design ☐ See Drawing on this Form ☐ See Drawing on the Model

Major Connector

☐ Lingual Plate ☐ Lingual Bar ☐ Horseshoe ☐ Open Palate
☐ Palatal Strap ☐ Other .....

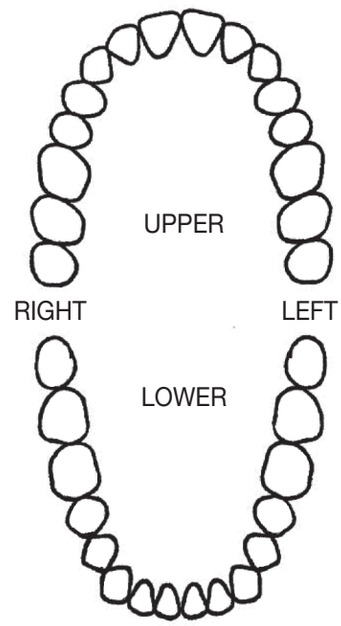
Clasp & Rest Design

☐ Cast Clasp # ..... ☐ Valplast Clasp # ..... ☐ Clear Clasp # ..... ☐ Rests # .....

Immediate Replacement

☐ Extract # .....

PLEASE DRAW YOUR DESIGN HERE



SHADE: .....

SPECIAL INSTRUCTIONS

*Customer standard protocol is followed unless specied on the prescription form.