Optimized Dental Care

Rx Date :
Date Due in Office :
(Deliver By 5PM)

Doctor's Name (Please Print)

Doctor's Address

Patient's Name ☐ M ☐ F Sex Age

FIXED RESTORATIONS (Please ☑)

PFM	Full Cast Metal	All Ceramic
❑ Non-Precious	❑ Full Cast Yellow Gold	❑ Lava Zirconia
❑ Semi-Precious	❑ Full Cast White Gold	❑ IPS Empress
❑ High Noble	❑ Full Cast Non-Precious	❑ Veneer
❑ Captek	❑ Full Cast Semi-Precious	❑ In (On) Lay

Anteriors

❑ Metal Coping

❑ Metal Lingual

❑ 3/4 Metal lingual

Posteriors

❑ Metal Coping
All porcelain coverage

❑ Metal Occlusal
Excluding buccal cusp

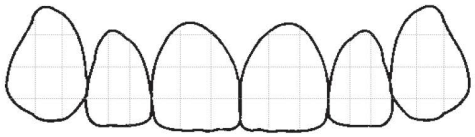
❑ Metal Occlusal
Including buccal cusp

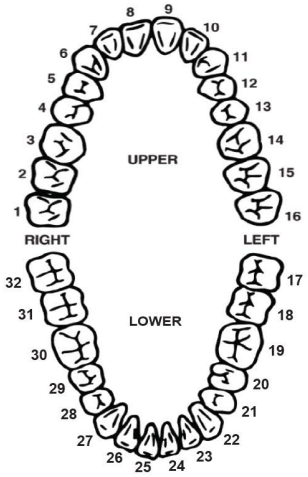
Buccal Margin

❑ Metal Margin
Hairline or ____ mm

❑ Porcelain Margin

❑ Metal Porcelain
Junction Margin





Shade _____

PLEASE SEND

❑ RX Forms ❑ Boxes ❑ Mailing Labels

ENCLOSURES Lab Use Only

❑ Photo(s) ❑ Analog ❑ Models ❑ Implant Parts

❑ Impression ❑ Bite ❑ Shade Tab ❑ Other _____

REMOVABLE RESTORATIONS (Please ☑)

Dentures

❑ Custom Tray
❑ Base Plate/Wax Rim
❑ Combo Tray w/ Wax Rim
❑ Economy Denture
❑ Deluxe Denture
❑ Premium Denture
❑ Transitional Denture
❑ Immediate Denture
❑ Denture Set-Up
❑ Denture Finish

Metal Partials

❑ Standard Partial
❑ Deluxe Partial (Vitallium 2000)
❑ Frame Try-In
❑ Wax Try-In with Teeth
❑ Bite Block
❑ Finish

Specialty Partials

❑ Acrylic Partial Flipper
❑ Acrylic Partial w/ Clasp
❑ Unilateral (NESBIT)
❑ FRS ™
❑ Valplast
❑ Metal / Acrylic

Flexible Partials

❑ Valplast ™
❑ FRS ™ Flexible
❑ Set-Up
❑ Finish

Shade

Acrylic

❑ Lucitone
❑ Deluxe
❑ Economy
❑ Dark

Flexible

❑ Pink
❑ Meharry

Tooth Shade _____

Tooth Mold _____

Tooth Make _____

Repairs / Relines

Relines

❑ Hard ❑ Soft

Repairs

❑ Tooth ❑ Fractures
❑ Clasp

Specialty Products

❑ Deluxe Guard
❑ Hard Clear Nightguard
❑ ProForm Nightguard
❑ Bleaching Tray
❑ CT Scanning Device
❑ Vacuum Nightguard

℞ **SPECIFIC INSTRUCTIONS :**

Dr. Signature _____ License # _____