

Rx Form

PLEASE FILL OUT ENTIRE RX FORM

Case Number: _____ Date: _____

Doctor Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Gender: Male Female Age: _____

Choose a product:

- | | |
|---|--|
| <input type="checkbox"/> Premium Digital Denture - Maxillary & Mandibular | <input type="checkbox"/> Economy Digital Denture- Maxillary & Mandibular |
| <input type="checkbox"/> Premium Digital Denture - Maxillary | <input type="checkbox"/> Economy Digital Denture- Maxillary |
| <input type="checkbox"/> Premium Digital Denture - Mandibular | <input type="checkbox"/> Economy Digital Denture- Mandibular |

- Denture Type:**
- | | |
|---|--|
| <input type="checkbox"/> Implant Overdenture - Maxillary & Mandibular | <input type="checkbox"/> Copy/Duplicate Denture - Maxillary & Mandibular |
| <input type="checkbox"/> Implant Overdenture - Maxillary | <input type="checkbox"/> Copy/Duplicate Denture - Maxillary |
| <input type="checkbox"/> Implant Overdenture - Mandibular | <input type="checkbox"/> Copy/Duplicate Denture - Mandibular |
| <input type="checkbox"/> Immediate Denture - Maxillary & Mandibular | <input type="checkbox"/> Digital Denture |
| <input type="checkbox"/> Immediate Denture - Maxillary | |
| <input type="checkbox"/> Immediate Denture - Mandibular | |

- Case Type Options:** Prototype Prototype Final for Immediate
 Stabilized Wax Prototype

Date requested for prototype: _____

Stippling: Yes No

Festooning: Yes No

Natural Rugae: Yes No

Anterior Tooth Choice: Artic Digital (available only for economy dentures) Mondial i Mondial

Teeth Shade Color: A1 A2 A3 A3.5 A4 B1 B2 B3 B4
 BL2* BL3 C1 C2 C3 C4 D2 D3 D4

*BL2 available in Mondial/Mondial i only

Denture Base Shade: Pink #1 Shade 200 #8 Light Pink #11 Pink Veined #3 R50 Veined #4

Set-up Type: Balanced Occlusion Lingualized Occlusion

Anterior Overjet: Regular (Class I, > 2mm) Retrognathic (Class II, > 3mm) Prognathic (Class III, > 1mm)

Notes & Instructions:

Signature: _____

This section to be completed by laboratory.

Is the occlusal plane marked and correct?

Yes No

If no, please include instructions on occlusal plane measurement. _____

Is frenum depth to match the impression?

Yes No

If no, include instructions on required changes. _____

Follow the impression vestibule anatomy?

Yes No

If no, provide instructions on required changes. _____

Is the mid-line marked in the correct position on the wax rim?

Yes No

If no, please include mid-line instructions or required changes. _____

Is the incisal position/length in the correct position on the wax rim?

Yes No

If no, include instructions on incisal position required changes. _____

Is the incisal cant correct?

Yes No

If no, please include instructions on required changes. _____

Is the smile line marked in the correct position on the wax rim?

Yes No

If not, please include smile line/gingival height instructions. _____

Is the facial contour in the correct position?

Yes No

If not, please include instructions on required changes. _____

Customized post palatal seal?

Yes No

If yes, identify your post palatal seal on your models or include specifications here. _____
