

# Removable Prosthetic Rx



## REQUIRED INFORMATION

Doctor Name .....

Address ..... Phone .....

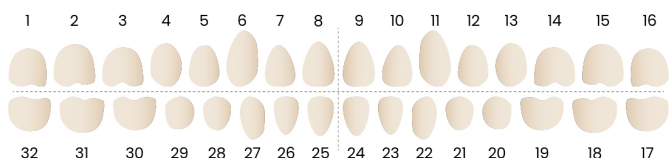
Email .....

Patient Name ..... Age .....  M  F.....

Rx Date ..... Due Date/Delivery on .....

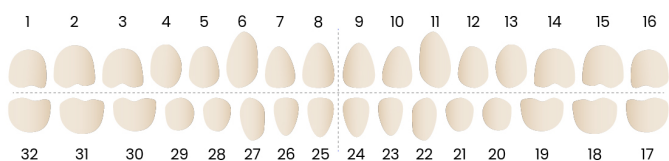
## EXTRACTIONS

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)

Pink  Light Meharry

Light Pink  Meharry

Tooth shade ..... Tooth Mould No. ....

Shade Guide Used ..... (Vita is default)

## DENTURES

Upper  Set-up/Try-in  Finish

Lower  Standard Denture  Cast metal mesh

Both  Premium Denture  Wire reinforcement

Custom tray  Immediate/Surgical Denture

Base plate

Bite rim

## PARTIALS

Upper  Lower  Both  Set-up/Try-in\*  Finish

Custom Tray  Base Plate  Bite Rim

Base Material (non-metal)

Acrylic Partial

Standard Partial

Tcs Partial

Immediate/Surgical partial

Metal Framework

Chrome Cobalt

Bego

Standard Metal Partial

Tcs Partial

Cast metal only

Cast metal w/ Set-up/Try-in

Cast metal w/ Bite rim

## NIGHTGUARDS/SPLINTS

Upper  Lower

Soft

Hard (clear acrylic)

Premium Guards(hard-soft)

Erko dent thermoguard

Sports guard Level.....

Deprogrammer mini

Deprogrammer full

No opposing

Tooth Type

Standard  Premium

Design

Horseshoe palate (upper)

Full palatal metal

coverage (upper)

A-P strap

Lingual bar (lower)

Lingual apron (lower)

Wrought wire clasps (2\*)

Ball clasps

Cosmetic clasp

Unilateral (nesbit)

## OTHER

Upper  Lower

Reline  Rebase

Repair

Soft liner

Add clasp.....

## INSTRUCTIONS

Please indicate Dr. & patient goals and photos, study models, diagnostic casts with case

Email photos to: [cs@xdentlab.com](mailto:cs@xdentlab.com)



XDENT LAB | Removables Lab-to-Lab Dental Service  
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[www.xdentlab.com](http://www.xdentlab.com)

Dentist sign ..... Dentist license no.....

(REQUIRED)

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