



Rx Dentures

(434) 282-4862

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Doctor _____ License No _____

Phone _____ Email _____

Address _____

City _____ State _____ Zip _____

Enclosed with Case: ☐ Impressions ☐ Models ☐ Bite ☐ Photos ☐ Other _____

Patient _____

Gender ☐ Male / ☐ Female Age _____

Date ____/____/____ Signature _____

Full Dentures

Application

- | | |
|--------------------------|---|
| Upper | Lower |
| ☐ | ☐ New Full Denture |
| ☐ | ☐ Immediate Full Denture |
| ☐ | ☐ Copy/Reference Denture |
| ☐ | ☐ Overdenture |

Phase

- | | |
|--------------------------|--|
| Upper | Lower |
| ☐ | ☐ Bite Rim |
| ☐ | ☐ Monolithic Try-In |
| ☐ | ☐ Final |

Quality

- ☐ **Value**
(recommended for immediate dentures)
- ☐ **Premium**
(recommended for final dentures)
- ☐ **Ultimate**

Partial Dentures

Material

- | | |
|--------------------------|---|
| Upper | Lower |
| ☐ | ☐ Flexible Partial |
| ☐ | ☐ Acrylic Partial |

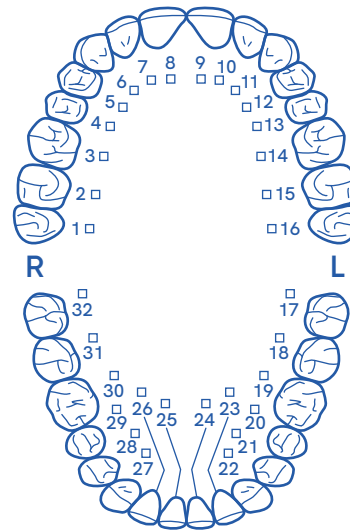
Additional Features

- ☐ Wire Clasps #s _____
- ☐ Dummy Tooth

Teeth #s _____

Phase

- | | |
|--------------------------|--|
| Upper | Lower |
| ☐ | ☐ Bite Rim |
| ☐ | ☐ Monolithic Try-In |
| ☐ | ☐ Final |



Final Tooth Shade



(VITA Classical shades)

Final Tissue Shade

- ☐ Light Pink
- ☐ Original (lab default)
- ☐ Dark Pink

Setup and Design

Bite Correction

- ☐ Leave Bite as is
- ☐ Open Bite by _____ mm
- ☐ Close Bite by _____ mm

Tooth Design

- ☐ Hollywood
- ☐ Mature
- ☐ Youthful

Midline Correction

- ☐ Leave Midline as is
- ☐ Shift Midline Right by _____ mm
- ☐ Shift Midline Left by _____ mm

Additional Options

- ☐ Correct Occlusal Scheme to Class 1
- ☐ Add Post Dam (lab default)

Additional Notes