Full Denture Rx

(434) 282-4862 or admin@paramountdentalstudio.com

PARAMOUNT DENTAL STUDIO

1. Patient _____
2. Gender ☐ Male / ☐ Female
3. Age _____

4. Doctor _____
5. License No _____
6. Phone _____
7. Date sent ____ / ____ / _____

8. Restorative arch(es)

UPPER ARCH
☐ New full denture
☐ Immediate full denture
☐ Copy/Reference denture
  ☐ This is an exact copy
    (if not, please specify
    changes in question 19)
☐ Is this an overdenture?

LOWER ARCH
☐ New full denture
☐ Immediate full denture
☐ Copy/Reference denture
  ☐ This is an exact copy
    (if not, please specify
    changes in question 19)
☐ Is this an overdenture?

9. Items for next appointment

☐ Wax bite rim(s)
☐ Try-in(s)
  (3D-printed, monolithic,
  BL4 tooth shade)
☐ Final(s)

IF THE NEXT APPOINTMENT IS FOR EITHER TRY-IN(S) OR FINAL(S), PLEASE ANSWER QUESTIONS 10–13:

10. Bite correction

☐ Leave bite as is
☐ Open bite by _____ mm
☐ Close bite by _____ mm

11. Midline correction

(if both arches, correct upper)
☐ Leave midline as is
☐ Shift midline right by _____ mm
☐ Shift midline left by _____ mm

12. Occlusal scheme

☐ Correct occlusal scheme to class 1

13. Post dam

☐ Add post dam (Lab default)

PLEASE ANSWER QUESTIONS 14–17 AT YOUR EARLIEST OPPORTUNITY.
WE NEED THESE ANSWERS TO MAKE FINALS:

14. Quality

☐ **Value** (Lab default
  for immediates)
☐ **Premium** (Lab default
  for non-immediates)
☐ **Ultimate**

15. Tooth shade

Tooth shade _____
(only Vita Classical shades)

16. Tissue shade

☐ **Light pink**
☐ **Original Pink** (Lab default)
☐ **Dark Pink**

17. Name in denture

☐ Add name in denture

18. Relines & Repairs

☐ Soft reline
☐ Hard reline
☐ Base repair
☐ Tooth repair (Excludes repairs
  of cracked or lost teeth

19. Additional Notes

_____
_____
_____
_____

Orders submitted after 12 pm PT will be processed the next business day.