

Partial Denture Rx

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



- 1. Patient _____
- 2. Gender Male / Female
- 3. Age _____
- 4. Doctor _____
- 5. License No _____
- 6. Phone _____
- 7. Date sent ___ / ___ / _____

8. Restorative arch(es)

UPPER ARCH

- Teeth #s _____
 - This is an immediate denture
 - Teeth #s to be extracted _____ #s _____
- Flexible partial
 - TCS (Lab default)
 - Valplast
- Acrylic partial
 - Partial denture
 - Flipper
- Metal partial
 - Metal partial (CoCr)
 - Metal framework only (CoCr)

LOWER ARCH

- Teeth #s _____
 - This is an immediate denture
 - Teeth #s to be extracted _____ #s _____
- Flexible partial
 - TCS (Lab default)
 - Valplast
- Acrylic partial
 - Partial denture
 - Flipper
- Metal partial
 - Metal partial (CoCr)
 - Metal framework only (CoCr)

9. Items for next appointment

- Wax bite rim(s)
- Try-in(s) (Traditional wax try-ins with teeth)
- Final(s)

10. Additional features

- Flexible clasps #s _____
 - Clear clasps #s _____
- Wire Clasps #s _____
- Metal mesh
- Name in denture

PLEASE ANSWER QUESTIONS 11-12 AT YOUR EARLIEST OPPORTUNITY. WE NEED THESE ANSWERS TO MAKE WAX TRY INS AND FINALS:

11. Tooth shade

Tooth shade _____
(only Vita Classical shades)

12. Tissue shade

- Light pink
- Original/Standard pink (Lab default)
- Dark pink

13. Relines & Repairs

- Soft reline*
 - Hard reline*
 - Base repair*
 - Tooth repair**
- *Not applicable for flexible partials
**Excludes repairs of cracked or lost teeth

14. Additional Notes

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