

PROSTHETIC PRIVATE

PRESCRIPTION SHEET

DENTIST: _____

ADDRESS OF PRACTICE: _____

PATIENT NAME: _____

DATE SENT:/...../.....

DELIVERY DATE:/...../.....

(PLEASE MAKE SURE THE DELIVERY DATE IS AT LEAST ONE DAY BEFORE THE PATIENTS APPOINTMENT)

ENCLOSURES

- | | | | |
|--------------|--------------------------|--------------|--------------------------|
| RUBBER IMP | <input type="checkbox"/> | ALGINATE IMP | <input type="checkbox"/> |
| SQUASH BITE | <input type="checkbox"/> | MODELS | <input type="checkbox"/> |
| RESTORATIONS | <input type="checkbox"/> | ARTICULATOR | <input type="checkbox"/> |
| FACEBOW | <input type="checkbox"/> | PHOTOS | <input type="checkbox"/> |

MATERIAL

- | | |
|---------------------|--------------------------|
| ACRYLIC | <input type="checkbox"/> |
| VALPLAST | <input type="checkbox"/> |
| CHROME COBALT FRAME | <input type="checkbox"/> |
| PEEK FRAME | <input type="checkbox"/> |
| ZIRCONIA BAR | <input type="checkbox"/> |
| TITANIUM BAR | <input type="checkbox"/> |

FIRST STAGE

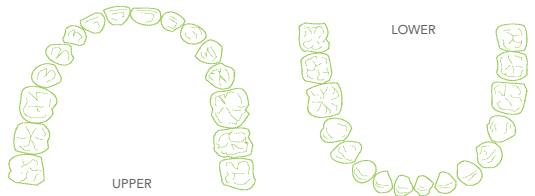
- | | |
|--------------------------|--------------------------|
| SPECIAL TRAY | <input type="checkbox"/> |
| BIT BLOCK ACRYLIC PLATED | <input type="checkbox"/> |
| SCREW RETAINED BIT BLOCK | <input type="checkbox"/> |
| STUDY MODEL | <input type="checkbox"/> |
| IMMEDIATE DENTURE | <input type="checkbox"/> |

TRY-IN STAGE

- | | |
|---------------------------|--------------------------|
| WAX TRY-IN ACRYLIC PLATED | <input type="checkbox"/> |
| WAX TRY-IN SCREW RETAINED | <input type="checkbox"/> |
| MILLED BAR TRY-IN | <input type="checkbox"/> |
| TELESCOPIC CROWN | <input type="checkbox"/> |

ADDITIONAL SERVICES

- | | |
|---|--------------------------|
| RELINE / REBASE | <input type="checkbox"/> |
| TOOTH ADDITION | <input type="checkbox"/> |
| CLASP ADDITION
(Metal / Transparent Plastic) | <input type="checkbox"/> |
| RADIO OPAQUE TEETH | <input type="checkbox"/> |
| PHONARES TEETH | <input type="checkbox"/> |
| ACRYLIC STENT | <input type="checkbox"/> |
| ANTI-SNORING DEVICE | <input type="checkbox"/> |
| GOLD TOOTH | <input type="checkbox"/> |
| CHROME REPAIR | <input type="checkbox"/> |
| DENTURE REPAIR | <input type="checkbox"/> |
| LOCATORS | <input type="checkbox"/> |



SHADE: