

Doctor Name: \_\_\_\_\_ Patient's Name: \_\_\_\_\_  
 \_\_\_\_\_ Patient's Chart #: \_\_\_\_\_  M  F Age: \_\_\_\_\_  
 Address: \_\_\_\_\_ Rx Date: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Due Date/Deliver Case by 5pm on: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Account #: \_\_\_\_\_

**Dentures:**

**Select Arch:**  
 Upper  
 Lower

**Select Stage:**  
 Try-In  
 Complete/Finish\* (One Stage)

**Select Denture:**  
 Standard Denture  
 Standard Immediate Denture  
 Extract All  
 Extract Tooth # \_\_\_\_\_

**Partials:**

**Select Arch:**  
 Upper  
 Lower

**Select:**  
 Metal Free  
 Metal (Vitalium or Similar)

**Select Stage:**  
 Try-In  
 Complete/Finish\* (One Stage)

**Select Partial:**  
 All Acrylic  
 Flexible Nylon (Semi-Flex)  
 Flexible Resin (High-Flex)  
 Cast Partial w/ Acrylic  
 Flipper (Temporary Acrylic)  
 Standard Immediate Partial

**Partial Design:**  
 Horseshoe Palate (Upper Only)  
 Lingual Bar (Lower Only)  
 Full Palatal Metal Coverage (Upper Only)  
 Lingual Apron (Lower Only)  
 Cosmetic Clasp  
 Wrought Wire Clasp

Extract All  
 Extract Tooth # \_\_\_\_\_

**Repairs/Other:**

**Denture Repairs:**  
 Simple Repair  
 Complex Repair  
 Reline (Hard)  
 Reline (Soft)  
 Rebase  
 Reset Teeth - 2nd attempt  
 Rework Denture - 2nd attempt  
 Remake Denture  
 Soft Liner

**Partial Repairs:**  
 Simple Repair  
 Complex Repair  
 Clasp Only  
 Solder/Weld  
 Reset Teeth - 2nd attempt

**Other:**  
 Bite Block  
 Base Plate  
 Bite Rim  
 Clean & Polish  
 Custom Tray  
 Diagnostic Wax Up

**Case Specifications:**  
 Follow the Doctor's Design  
 Have the Lab Design

**Acrylic Shade:**  
 Light Pink  
 Pink  
 Ethnic

**Please Mark All Teeth to be Extracted**

**Upper** **Lower**

**Rx Special Instructions:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dentist Signature: \_\_\_\_\_ License Number: \_\_\_\_\_

By signing this prescription you agree to the following terms and conditions as described in our start up package. In the event your account becomes delinquent upon agreed net thirty (30) days, you are subject to any attorneys fees and collection cost in addition to applicable interest charges of one point five (1.5%) percent per month. All disputes shall be resolved by a court of competent jurisdiction in the State of California - County of Orange.