Removable Prosthetics Rx

REQUIRED INFORMATION

Dr. _____

Practice: _____

Office Location: _____

Tel: _____ Email: _____

Patient: _____ ☐ M ☐ F Age: ____

Rx Date: _____ Delivery by 5.0pm on: _____

(standard working time if no date given)

CASE INSTRUCTIONS

Denture introduction

☐ Custom tray ☐ Bite rim ☐ Acrylic base & rim

Second stage

☐ Cast partial framework

☐ Wax setup try-in (full) Teeth shade: _____

☐ Wax setup try-in (partial)

Finish stage

☐ Acrylic full denture finish

☐ Acrylic partial denture finish

☐ Flexi partial denture finish

Clasp

☐ Wrought wire

☐ Flexi

Gum shade

☐ Standard pink

☐ Light meharry

☐ Medium meharry

☐ Dark meharry **Denture ID:** _____

Dentist Signature _____

TEXAS CROWNSOURCES DENTAL LAB
4681 Ohio Drive, Suite 114 Frisco
Texas 75035
(214) 308-9740
(972) 975-2310
www.texascrownsources.com

OTHER

☐ Hard night guard

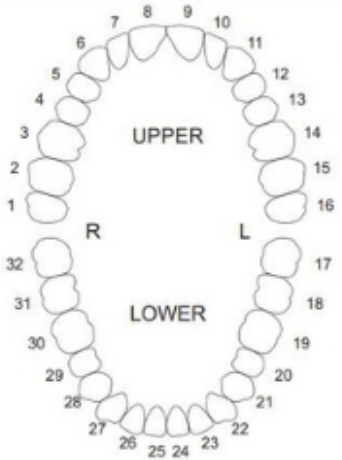
☐ Hard/soft night guard

☐ Soft night guard

☐ Temporary crown/bridge

☐ Reline denture

CASE DESIGN



Please mark all teeth to be extracted.

☐ Follow the doctor's design

☐ Have the lab design

Denture design

☐ Horseshoe palate (upper)

☐ Full palate coverage (upper)

☐ Lingual apron (lower)

☐ Lingual bar (lower)

SPECIFIC INSTRUCTIONS

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_____

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