REMOVABLE RESTORATIONS RX

Lab Name: Dental Engineering's

Your Reference #____________________

Doctor____________________

Patient Name____________________

Date Sent ____________ Due Date____________

PARTIAL DENTURES

PARTIALS WITH FRAMES

- ☐ CoCr ☐ Vitallium
- ☐ FRAME ONLY
- ☐ FRAME BITE BLOCK/RIM
- ☐ FRAME W/TEETH SET UP
- ☐ FRAME/SETUP/FINSH
- ☐ RESET TEETH ONLY
- ☐ PROCESSING

TYPE OF ACRYLIC

- ☐ CONVENTIONAL
- ☐ LUCITONE 199
- ☐ VALPLAST

PARTIALS ALL ACRYLIC

- ☐ TEETH SET UP FINISH ALL ACRYLIC
- ☐ WAX TRY-IN ALL ACRYLIC
- ☐ PROCESSING ALL ACRYLIC
- ☐ ADD TOOTH ALL ACRYLIC
- ☐ RESET TEETH ALL ACRYLIC

TYPE OF ACRYLIC

- ☐ CONVENTIONAL
- ☐ LUCITONE 199
- ☐ VALPLAST
- ☐ FRS

OTHER

- ☐ ADD TOOTH(2916) #________
- ☐ ADD WIRE CLASP #________
- ☐ ADD CAST CLASP #________
- ☐ VALPLAST CLASP #________
- ☐ CLEAR CLASP #________

Items Sent: *(Circle all that apply)*

Single Tray	Triple Tray	Study Model
Upper Model	Lower Model	Bite Block
Bite	Wax with Teeth Frame	Articulator

Other____________________

FRAMEWORK DESIGN

- ☐ LAB TO DESIGN
- ☐ SEE DRAWING ON RX
- ☐ SEE DRAWING ON CAST

TOOTH SHADE

____

ACRYLIC SHADE

____

- ☐ MESIAL REST(S) ON__________
- ☐ DISTAL REST(S) ON__________
- ☐ CINGULUM REST(S) ON __________

FULL DENTURES

FULL DENTURES

- ☐ SET TEETH TRYIN (2012)
- ☐ PROCESSING (2013)
- ☐ SET TEETH & PROCESS (2011)
- ☐ SET TEETH & PROCESS(2014) W/Lucitone 199
- ☐ PROCESS W/LUCITONE(2015) W/Lucitone 199
- ☐ TCS SUCTION CUP

IMMEDIATE DENTURES

(Extract All Teeth)

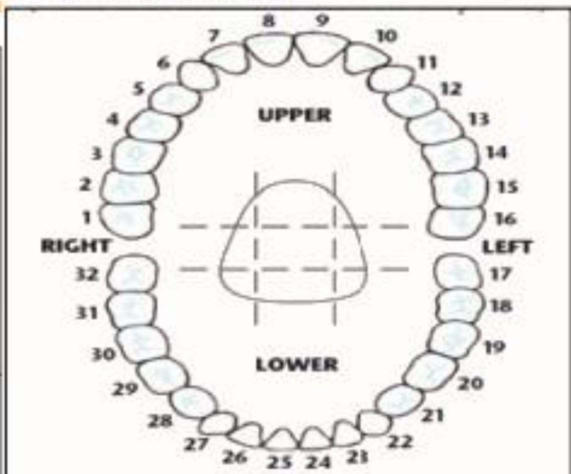
- ☐ IMMEDIATE TEETH SET UP FINISH (2151)
- ☐ IMMEDIATE WAX TRY-IN (2152)

TYPE OF ACRYLIC

☐ CONVENTIONAL ☐ LUCITONE 199

OTHER

- ☐ OCCLUSAL SPLINT(2918)
- ☐ SURGICAL STENT(2919)
- ☐ BLEACHING TRAY(2923)
- ☐ CUSTOM IMPRESSION TRAY(2924)
- ☐ DUPLICATE MODEL(2935)
- ☐ RESET TEETH
- ☐ NESBIT DIRECT FINISH(2131)
- ☐ ACRYLIC FLIPPER(2171)
- ☐ SPACE MAINTAINER(2909)
- ☐ BASE PLATE/BITE RIM(2911)
- ☐ NIGHT GUARD SOFT(2921)
- ☐ NIGHT GUARD HARD(2922)



SELECT WORK TO BE MADE

UPPER LOWER

OTHER SPECIAL INSTRUCTIONS

REMAKE INFORMATION

(Please complete this section if returning this case for a remake)

Customer Original Pan #________ PLS Original RX #________

Reason for Remake____________________

Items being Returned

- ☐ Original Prosthesis (Partial, Bite, Etc.)
- ☐ Original Model — Original Die — Original PLS RX
- ☐ Old Impression — New Impression — Study Model

(Failure to provide original RX, reason, or items may result in a delay in processing this case and a charge for this remake)