

REMOVABLE PROSTHETIC PROCEDURE PRESCRIPTION



INFORMATION

Dr's Name:

Clinic Name:

Address:

Patient Name:*

Work ID # Gender: M F Age

Tooth # Order Date:

Shade:* Due Date: *

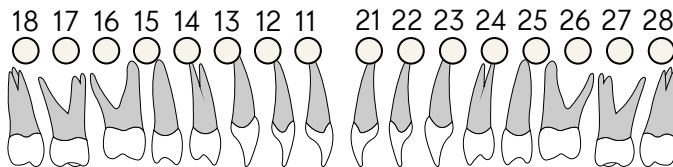
If no shade please input N/A

Same Day Return: Please check the box if same day return required

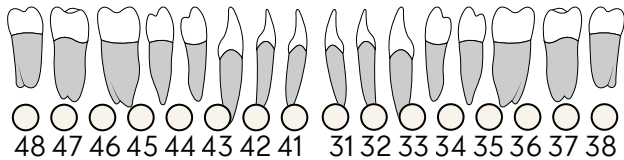
For Lab Use Only

Pan # Reference#

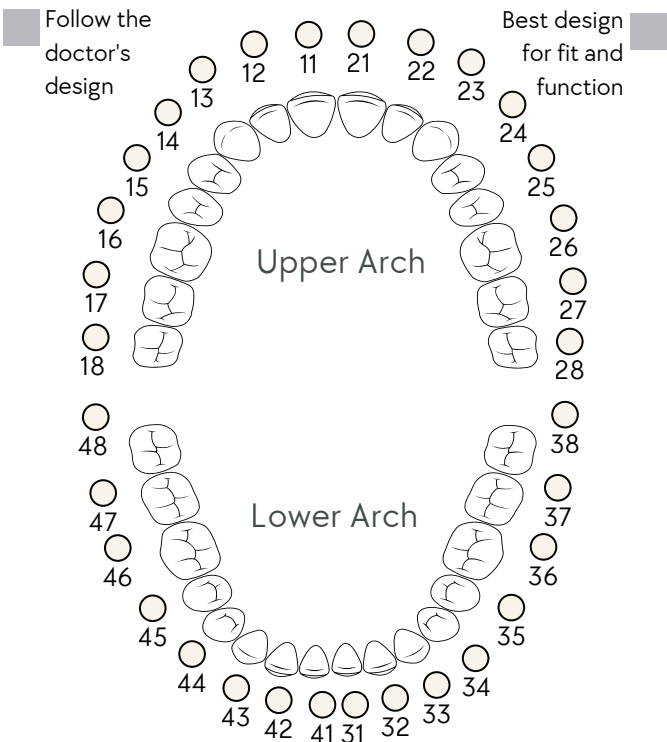
EXTRACTIONS



Please check box all the teeth to be extracted and replaced.



CASE DESIGN



COMPLETE DENTURE

Please select case instructions:

- Upper Try-In - Tooth Setup with Acrylic Base
- Lower Premier Denture Cast Metal Mesh
- Custom Tray Over Denture
- Bite Block with Acrylic Base Patient ID
- Immediate/ Surgical Denture Finish

PARTIALS

- Upper Lower Set-up/Try-in Finish

- Custom Tray Bite Rim

Base Material (non-metal)

- Acrylic Partial
- CustomFlex Partial
- Valplast Partial
- Immediate / Surgical Partial

Design

- Horseshoe Palate (upper)
- Full Palatal Metal coverage
- A-P strap
- Lingual bar (lower)
- Lingual Apron (lower)
- Wrough Wire Clasps
- Ball Clasp
- Unilateral (nesbit)

Metal Framework

- Chrome Cobalt
- Cast Metal Only
- Cast Metal with Set-up / Try In
- Cast Metal /Wrough Wire Clasp
- Cast Metal with Bite rim
- Cast Metal /Implant attachment

DIGITAL DENTURE

Please select:

- Digital Flexible Denture
- Digital Full Denture
- Milled Full Denture
- Milled Partial Denture

Flipper

- With wire
- Without wire

DIGITAL FILE SEND

Please select one:

- Shining 3D (BTdental)
- iTERO (ID # 38753)
- Prime/Sirona (btdentallab)
- Medit _____
- Treo/3Shape _____
- Heron IOS _____
- Care Stream _____
- Other (btdentallab@gmail.com)

OTHER

- Upper Lower
- Reline Rebase
- Repair
- Soft Liner
- Add Metal Clasp
- Add Clear Clasp
- Adding tooth
- Model poured
- Study Model

SPECIFIC INSTRUCTIONS

Please provide any study models, diagnostic cast, any photos to: tech@btdentallab.com

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Dentist
Signature:*