

ODL

Rx Date : _____

Date Due in Office : _____

(Deliver By 5PM)

Doctor's Name _____ (Please Print)

Doctor's Address _____

Patient's Name _____ Sex M F Age _____

FIXED RESTORATIONS (Please)

PFM	Full Cast Metal	All Ceramic
<input type="checkbox"/> Non-Precious <input type="checkbox"/> Semi-Precious <input type="checkbox"/> High Noble <input type="checkbox"/> Captek	<input type="checkbox"/> Full Cast Yellow Gold <input type="checkbox"/> Full Cast White Gold <input type="checkbox"/> Full Cast Non-Precious <input type="checkbox"/> Full Cast Semi-Precious	<input type="checkbox"/> Lava Zirconia <input type="checkbox"/> IPS Empress <input type="checkbox"/> Veneer <input type="checkbox"/> In (On) Lay

Anteriors

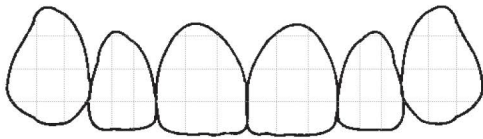
- Metal Coping
- Metal Lingual
- 3/4 Metal lingual

Posteriors

- Metal Coping
All porcelain coverage
- Metal Occlusal
Excluding buccal cusp
- Metal Occlusal
Including buccal cusp

Buccal Margin

- Metal Margin
Hairline or _____ mm
- Porcelain Margin
- Metal Porcelain
Junction Margin



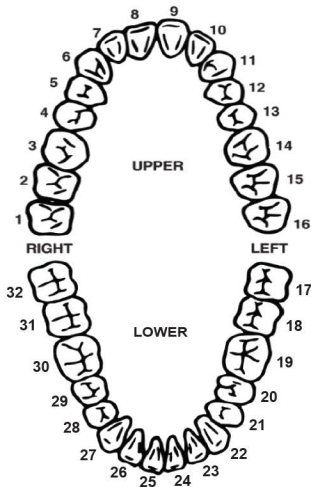
Shade _____

PLEASE SEND

- RX Forms
- Boxes
- Mailing Labels

ENCLOSURES Lab Use Only

- Photo(s)
- Analog
- Models
- Implant Parts
- Impression
- Bite
- Shade Tab
- Other _____



REMOVABLE RESTORATIONS (Please)

- ### Dentures
- Custom Tray
 - Base Plate/Wax Rim
 - Combo Tray w/ Wax Rim
 - Economy Denture
 - Deluxe Denture
 - Premium Denture
 - Transitional Denture
 - Immediate Denture
 - Denture Set-Up
 - Denture Finish

- ### Metal Partials
- Standard Partial
 - Deluxe Partial (Vitalium 2000)
 - Frame Try-In
 - Wax Try-In with Teeth
 - Bite Block
 - Finish

- ### Specialty Partials
- Acrylic Partial Flipper
 - Acrylic Partial w/ Clasp
 - Unilateral (NESBIT)
 - FRS™
 - Valplast
 - Metal / Acrylic

- ### Flexible Partials
- Valplast™
 - FRS™ Flexible
 - Set-Up
 - Finish

- ### Shade
- | | |
|-----------------------------------|----------------------------------|
| Acrylic | Flexible |
| <input type="checkbox"/> Lucitone | <input type="checkbox"/> Pink |
| <input type="checkbox"/> Deluxe | <input type="checkbox"/> Meharry |
| <input type="checkbox"/> Economy | |
| <input type="checkbox"/> Dark | |
| Tooth Shade _____ | |
| Tooth Mold _____ | |
| Tooth Make _____ | |

- ### Repairs / Relines
- Relines**
- Hard
 - Soft
- Repairs**
- Tooth
 - Fractures
 - Clasp

- ### Specialty Products
- Deluxe Guard
 - Hard Clear Nightguard
 - ProForm Nightguard
 - Bleaching Tray
 - CT Scanning Device
 - Vacuum Nightguard

Rx SPECIFIC INSTRUCTIONS :

Dr. Signature _____ License # _____