

Removable Denture LABORATORY PRESCRIPTION FORM

Dr.

Date:

Address

Job Card No.

Lab use only

Patient Name

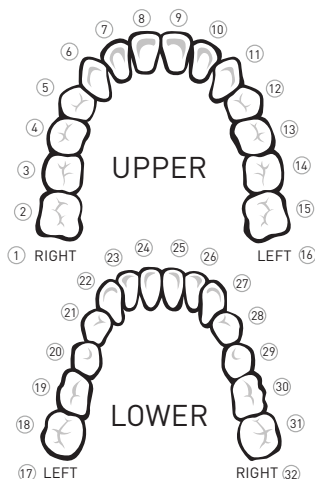
Age

Sex

Teeth Number (Please Circle)

8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8

Denture Design



☐ Cast Partial
☐ Metal Base
☐ Valplast / Flexible Partial
☐ Complete Denture → ☐ Ivocap Injection System ☐ Basic Heat Cure

☐ With Pink Characterization (Photographs required for this)
☐ With Tooth Characterization (Photographs required for this)

Teeth - ☐ Vita ☐ Ivoclar ☐ Acryrock/ Cosmo

Telescopic Denture
☐ Primary Telescopes ☐ Metal (CoCr) ☐ PEEK/BioHPP
☐ Secondary Frame ☐ Metal (CoCr) ☐ PEEK/BioHPP

Teeth - ☐ Vita ☐ Ivoclar ☐ Novolign Shells
 (Primary telescopes need to be picked up in second impression)

Delivery Schedule (Expected Date)

First Try-in

(Metal/Primary):

Setup Try-in:

Finish:

Shade

Acrylic Teeth

☐ Ivoclar ☐ Vita

☐ Cosmo / Acry Rock (Indian)

Denture Base

☐ Ivo Cap Injection

☐ Basic Heat Cure

Enclosures:

☐ Impression

☐ Jaw Retation

☐ Opposing Model

☐ Photograph

Special Instructions: