



# REMOVABLE PRESCRIPTION FORM



Doctor: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Case Return Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Try-In: \_\_\_\_\_  
 Patient Name: \_\_\_\_\_  M  F Age: \_\_\_\_\_ Finish: \_\_\_\_\_

**Tooth Classification**

Premium  Standard  
 Shade  
 Mould  
 Degree of Tooth

**Denture Base Material**

Standard  
 High Impact Acrylic (Lucitone 199)  
 High Impact Injection (Ivobase)  
 Circle: Original, Light, Light Reddish-Pink, Mild, Moderate, Dark

**Cast Partial Frames**

Frame Only  
 Frame Try-In w/Rim  
 Frame Try-In w/Teeth  
 Finish

**Clasp Type**

Cast  
 Wire  
 Flexible (Clear, Tissue Color)  
 Tooth Color (Shade \_\_\_\_\_)

**Full Dentures**

Try-In  
 Finish  
 Ideal Set-Up  
 Immediate

**FRS Flexible Partials**

Try-In (Recommended)  
 Finish  
 Base Shade (Light, Original, Dark)  
*Immediate not recommended or guaranteed*

**Metal Partial Design - Upper**

Horseshoe  Lab Design  
 Palatal Strap  
 A-P Strap  
 Full Coverage

**Clasp Design**

Lab Design  
 RPI  
 Roach  
 Akers

**All Acrylic Partials**

Try-In  Immediate  
 Extract Tooth # \_\_\_\_\_  
 Finish  Ball Clasps  
 Wrought Wire Clasps

**Nightguards & Splints**

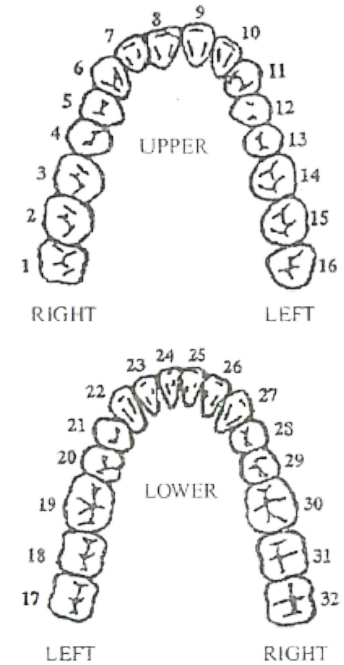
Hard  NTI  
 Soft  Athletic Guard  
 Hard/Soft Clear \*Blue, Green or Pink  
 Impak  Gelb

**Metal Partial Design - Lower**

Lingual Bar  
 Lingual Plate  
 Lab Design

**Enclosed With Case**

Impressions/Models  
 Bite  
 Opposing  
 Shade/Mould



**Notes**

\_\_\_\_\_

(443) 503-5301  
 6826 Eastern Avenue, Baltimore, MD 21224

Dr. Signature: \_\_\_\_\_ License #: \_\_\_\_\_