

Removable Prosthetic Rx

Laboratory Procedure Prescription

REQUIRED INFORMATION

Doctor Name _____
(Required) Last First

Practice Name _____
(Required)

Address _____

Phone _____

Patient Name _____

Patient Chart # _____ M F DOB _____

Rx Date _____ Due Date/Delivery on _____
(Required) (Required)

(Standard working time if no date given.) Delivery by end of day.

Case turnaround times are based on the date the Rx is received at YG Dental.

- Teeth to be extracted from model now**
- Teeth removed from model at final processing**

- Extractions**
- Case Instructions**

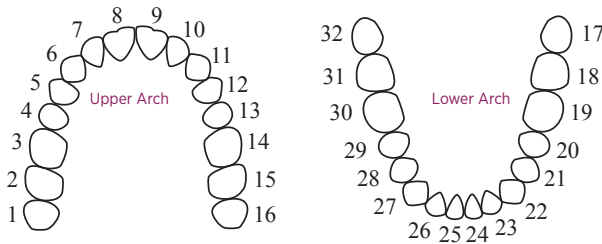
CASE INSTRUCTIONS

Please **CIRCLE** single units and **BRACKET** splinted units

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

EXTRACTIONS

Please **MARK** all teeth to be extracted and replaced



Tooth shade _____ Tooth Mould No. _____
(REQUIRED)

Shade Guide Used _____ (Vita is default)

***Standard design if an option is not selected**

DENTURES

- Upper
- Lower
- Both
- Custom tray
- Base plate
- Bite rim
- Set-up/Try-in***
- Eco Denture***
- Premier™ Denture (extra charge)
- Immediate/Denture
- Hybrid Bar Screw Retained/All on 4
- Implant Denture

PARTIALS

- Upper
- Lower
- Both
- Set-up/Try-in***
- Finish

- Custom Tray
- Base Plate
- Bite Rim

Base Material (non-metal)

- Acrylic Partial*/Flipper**
- CustomFlex™ Partial
- Valplast® Partial
- Immediate/Surgical partial

Metal Framework

- Chrome Cobalt***
- Vitallium
- Eco Partial*** w/ framework
- Valplast Partial w/ framework
- Cast metal only
- Cast metal w/ Set-up/Try-in
- Cast metal w/ Bite rim

Tooth Type

- Eco***
- Premier™ (extra charge)

Partial Design

- Horseshoe palate (upper)
- Wrought wire clasps (2*)
- Lingual apron (lower)
- A-P strap
- Unilateral (nesbit)
- Ball clasps
- Flippers/Stay Plate

NIGHTGUARDS/SPLINTS

- Upper
- Lower
- Soft
- Hard (clear acrylic)
- Hard-Soft
- Sports guard
- NTI (Splint)
- Model Digital Printed

OTHER

- Reline
- Simple repair
- Complex repair

RX SPECIFIC INSTRUCTIONS

Please provide any photos, study models, diagnostic casts with case
Email photos to: photos@ygdentaltech.com or digital@ygdentaltech.com

**The person signing this form is an authorized signer and, along with the dental practice, accepts responsibility for payment of all related charges, as well as any legal costs, collection and other fees incurred by YG Dental in the event the account is sent to collections or litigation.

Dentist signature** _____
(REQUIRED)

Dentist license no. _____
(REQUIRED)