

Laboratory Procedure Prescription

REQUIRED INFORMATION

Doctor Name _____

Institution _____

Address _____

Phone _____ Ext _____

Patient Name _____

Patient CDCR # _____ M F

RX Date _____ Due Date/Deliver On _____

(Standard working time if no date given)

Case turnaround times are based on the date Rx is received at the CALPIA Lab.

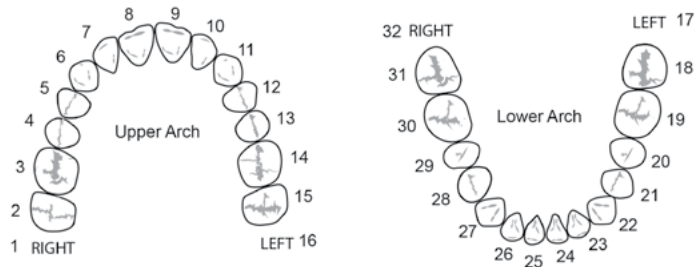
Please allow 5 business days (M-F)

Teeth to be extracted from model now

Teeth removed from model at final processing

EXTRACTIONS

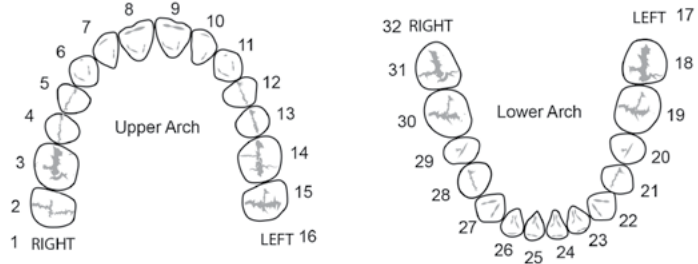
Please MARK all teeth to be extracted and replaced



CASE DESIGN

Follow the doctor's design

Best design for fit and function



Case Design Notes

Acrylic Shade (required)

Light Pink#1

Light Red Pink #2

Original #3

Light Meharry #4

Meharry Dark #5

Tooth shade _____ Tooth Mold No. _____

(required)

Kenson Shade Guide only: 55, 61, 62, 65, 66, 67, 69, 77, 81, 87

*Standard design if an option is not selected

FULL DENTURES

Upper	Set-up/Try-in*	Finish
Lower	Reset-Re-try	Cast Metal Base
Both	Immediate/ Surgical Denture	Metal Mesh Patient ID

Custom Tray	Base Plate	Shellac Bite Block
Perforated Tray	Bite Rim	Acrylic Bite Block

PARTIALS

Upper	Lower	Both
Set-up/Try-in Reset Re-try	Finish Reset Finish	

Custom Tray	Base Plate	Bite Rim
Perforated Tray	Acrylic Only	

Base Material (non-metal)

Acrylic Partial*

Metal Framework

Chrome Cobalt*

Cast Metal Only

Cast Metal with
Set-up/Try-in

Cast Metal with
Bite Rim

NIGHTGAURD/SPLINTS

Upper Lower

Soft

Hard

Processed

Processed/soft reline

Clasps

Partial Design

*Standard design if an option is not selected

Palatal (upper)

Horseshoe (upper)

Wrought Wire Clasps (2*)

Lingual Apron (lower)

RPI Clasps

Roach Clasps

Ball Clasps

OTHER

Reline

Rebase

Replace tooth

Fractures

Soft liner

Add clasp _____

Mesh/Lingual bar

RX SPECIFIC INSTRUCTIONS

Please provide any photos, study models, diagnostic casts with case.

Infection Control

Special Rush

Dentist signature

(required)

Dentist license no.

(required)