

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.

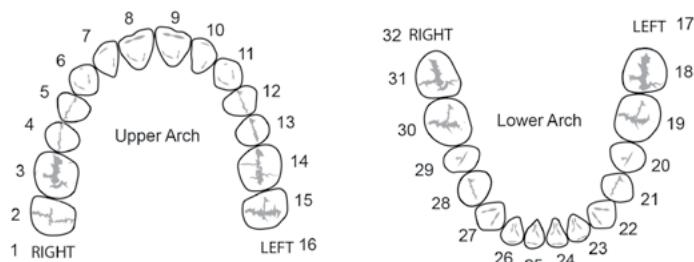
Please allow 5 business days (M-F)

Teeth to be extracted from model now

Teeth removed from model at final processing

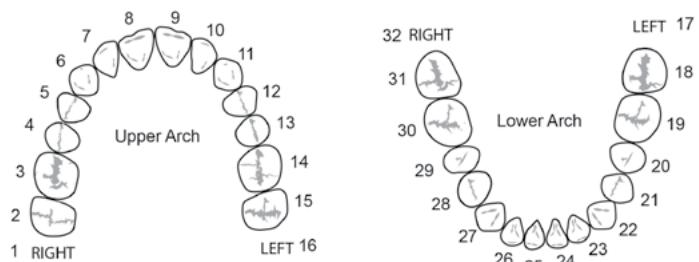
EXTRactions

Please MARK all teeth to be extracted and replaced



CASE DESIGN

Follow the doctor's design



Case Design Notes _____

Acrylic Shade (required)

 Light Pink#1 Original #3 Meharry Dark #5
 Light Red Pink #2 Light Meharry #4

 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
PARTIALS		
Upper	Base Plate	Shellac Bite Block
Perforated Tray	Bite Rim	Acrylic Bite Block
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		
Palatal (upper)		
Horseshoe (upper)		
Wrought Wire Clasps (2*)		
Lingual Apron (lower)		
RPI Clasps		
Roach Clasps		
Ball Clasps		
NIGHTGAURD/SPLINTS		
Upper	Lower	
Soft		Replace tooth
Hard		Fractures
Processed		Soft liner
Processed/soft reline		Add clasp _____ clasp type
Clasps		Mesh/Lingual bar
OTHER		
Reline Rebase		

RX SPECIFIC INSTRUCTIONS

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

Infection Control

Special Rush

Dentist signature (required) _____

Dentist license no. (required) _____