STUDIO 32
DENTAL LABORATORY

Office Use Only

HIAWATHA, ANKENY, & DAVENPORT 319-298-9800 | MASON CITY 641-380-0362

DOCTOR: _____ PHONE: _____

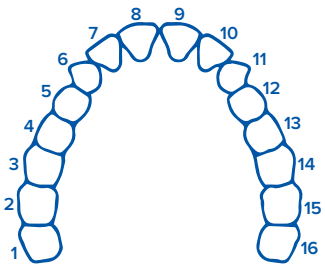
PATIENT: _____

DATE SENT: _____ WANTED: _____

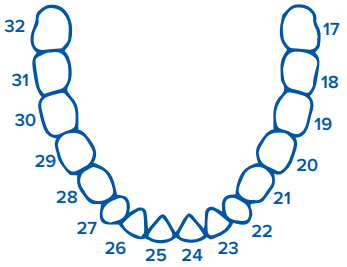
☐ PLEASE CALL DOCTOR BEFORE STARTING THIS CASE

CASE DESIGN

Upper Arch



Lower Arch



Please mark all teeth to be extracted or to be replaced

- ☐ Follow the doctor's design
- ☐ Best design for fit and function
- ☐ Follow Try in/ Previous Denture
- ☐ Light Meharry

Acrylic Shade

☐ **Ivocap Preference** ☐ **Ivocap US Dark**

Shade _____ **Mould no.** _____

TOOTH NUMBER

Rx

INSTRUCTIONS:

Removable Prosthetics Rx

DENTURES

- ☐ Upper
- ☐ Lower
- ☐ Cast metal base
- ☐ Metal mesh
- ☐ **Try-In**
- ☐ **Finish***
- ☐ Premier™ Denture
- ☐ Economy Denture
- ☐ Immediate/Surgical Denture
- ☐ Custom tray
- ☐ Base plate
- ☐ Occlusal rim

*Standard design if an option is not selected

PARTIALS

☐ Upper ☐ Lower ☐ **Try-in*** ☐ **Finish**

Base Material

- ☐ Acrylic
- ☐ VisiClear
- ☐ Valplast*
- ☐ Immediate/surgical
- ☐ Cast metal framework only
- ☐ Cast metal framework w/ bite rim
- ☐ Vitallium Cast frame
- ☐ Acetal
- ☐ Custom tray
- ☐ Base plate
- ☐ Occlusal rim

Tooth Type

- ☐ Economy
- ☐ Premier

Partial Design

- ☐ Horseshoe palate (upper)
- ☐ Wrought wire clasps
- ☐ Lingual apron (lower)
- ☐ A-P strap
- ☐ Full palatal metal coverage (upper)
- ☐ Lingual bar (lower)
- ☐ Cosmetic clasp
- ☐ Ball clasps
- ☐ Cast clasp

OTHER

☐ Upper ☐ Lower

Night Guards/Bite Splints

- ☐ Soft
- ☐ Hard (Clear acrylic)
- ☐ FlexiGuard™ (Hard-soft)
- ☐ Sports guard

Other

- ☐ Reline
- ☐ Rebase
- ☐ Basic Repair
- ☐ Soft liner
- ☐ Complex Repair
- ☐ Add clasp
- ☐ Patient ID

ENCLOSED

Photo Communication: ☐ Full Face ☐ Profile ☐ Repose ☐ Rest ☐ Intra oral ☐ CD/USB ☐ Images emailed ☐ Sent w/ case

Enclosed w/ Case: ☐ Impression ☐ Alginate ☐ Models ☐ Bite ☐ Facebow ☐ Impression transfers ☐ Faceshow ☐ Abutment ☐ Other _____

NOTE: PLEASE SEND A STUDY MODEL ON ALL WORK INVOLVING ANTERIOR TEETH

(Cost of Collection of any Account will be paid by the Customer)

Signature : _____ *D.D.S. License #* _____

☐ **Please send more Rx Forms** ☐ **Send more boxes** ☐ **Other**

S32-007