

PURPLE DENTAL TECH

713-463-0888 713-858-0134 TX#:03020

Removable Prosthetics Rx

Dr. _____ Date: _____

Patient: _____ Due date: _____

Shade:

Teeth	Gum
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 Female Male

Upper Lower

<u>Material</u>	<u>Appliance</u>	<u>Steps to completion</u>	<u>Special order</u>
<input type="checkbox"/> Acrylic partial	<input type="checkbox"/> Hard Night G.	<input type="checkbox"/> Custom tray	<input type="checkbox"/> Flex clasps
<input type="checkbox"/> Valplast	<input type="checkbox"/> Soft Night G.	<input type="checkbox"/> Wax rim-Base plate	<input type="checkbox"/> Mesh reinforcement
<input type="checkbox"/> Cast partial	<input type="checkbox"/> Combo(soft+hard)	<input type="checkbox"/> Framework try in	<input type="checkbox"/> IPN teeth
<input type="checkbox"/> Hybrid (Valplast+Frame)	<input type="checkbox"/> Prosthetic stent	<input type="checkbox"/> Set up	<input type="checkbox"/> Implants
<input type="checkbox"/> Hybrid (Valplast+Acrylic)	<input type="checkbox"/> Bleaching tray	<input type="checkbox"/> Process + Finish	<input type="checkbox"/> ERA attachment
	<input type="checkbox"/> Retainer (Hawley)		
	<input type="checkbox"/> Space maintainer		

Major connector: Upper

- Horseshoe Palatal strap Full coverage

Major connector: Lower

- Lingual plate Lingual bar

Special Instructions:

Doctor's Signature: _____

Lic#: _____

- * For Implant cases, Please remember include analog, abutment & screw.
* For immediate, Please mark all teeth that will be replaced.
* Please remember to include working model opposing model + bite reg.
* Please remember to include all part for implant service.

