

## Removables Rx

Doctor: \_\_\_\_\_

Address: \_\_\_\_\_

Rx Date: \_\_\_\_\_

Patient: \_\_\_\_\_

Return Date & Time: \_\_\_\_\_

Call Me

Doctors Signature: \_\_\_\_\_

Licence Number: \_\_\_\_\_

### Repair

Same-Day

Two-Day

### Type of Teeth

Mold: \_\_\_\_\_

Shade: \_\_\_\_\_

Premium

Standard

### Relines

Soft Liner

Heat Cure

Cold Cure

### Surgical Stent

Surgical Guide

Palatal

Duplicate Denture

Radiopaque Teeth

### Acrylic Partial

Upper

Lower

Set-Up Try-In

Process & Finish

### Acrylic Full

Upper

Lower

Set-Up Try-In

Process & Finish

### Casting

Window Palate

Full Palate

Apron

Bar

Horseshoe

Palatal Strap

Full Palatal Mesh

### Clasping

Cast

Wrought Wire

Tooth Coloured

### Reinforcement

Metal Mesh

Fiber Mesh

Wire

### Frame Options

Frame Try-In

Frame With Bite Block

Frame with Set-Up

Process and Finish

Notes: \_\_\_\_\_

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