

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

Patient's Name: \_\_\_\_\_

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

Patient's Gender: \_\_\_\_\_ Patient Age: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

RxDate: \_\_\_\_\_

Main Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Due Date(5PM) \_\_\_\_\_

## FIXED

- ☐ PRM
- ☐ Layered Zirconia
- ☐ Bruxism Full Solid Zirconia
- ☐ Emax Crow/Bridge

## Occlusal Contact:

- ☐ Full Contact
- ☐ Light Contact
- ☐ Out of Occlusion [default]

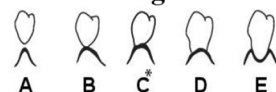
## Interproximal Contact:

- ☐ Heavy ☐ Light
- ☐ Medium [default]

## Metal Design:



## Pontic Design:



## REMOVABLE

### Product Selections:

- ☐ Full Dentures
- ☐ Cast Partials:
- ☐ Acrylic/Immediate:
- ☐ Flexible

### Stage Selections:

- ☐ Base Plate+Bite Block
- ☐ Framework Try-In
  - ☐ Bite Block [default]
  - ☐ No Bite Block
- ☐ Teeth Setup on Base Plate
- ☐ Teeth Setup on Framework
- ☐ Acrylic Processing

## Removable Extras:

- ☐ Reline
  - ☐ Hard ☐ Soft
- ☐ Repair
- ☐ Custom Tray
- ☐ Sports Guard
- ☐ Night Guard
  - ☐ Hard
  - ☐ Soft
  - ☐ Hard/Soft Lining
  - ☐ Talon
- ☐ Bleaching Tray
- ☐ Hawley Retainer
- ☐ Space Maintainer
- ☐ Essix Retainer

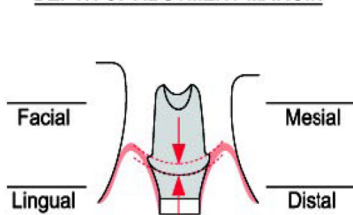
## Gum Shade:

- ☐ Light Pink
- ☐ Standard Pink[def]
- ☐ Mid Dark ☐ Dark

## Screw Retained Implant Restorations:

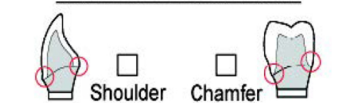
- ☐ Titanium Custum Abutment
- ☐ Zirconia Custum Abutment
- ☐ Hybrid Custum Abutment

### DEPTH OF ABUTMENT MARGIN

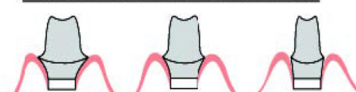


If left blank, default values will be used

### ABUTMENT MARGIN DESIGN



### ABUTMENT EMERGENCE PROFILE

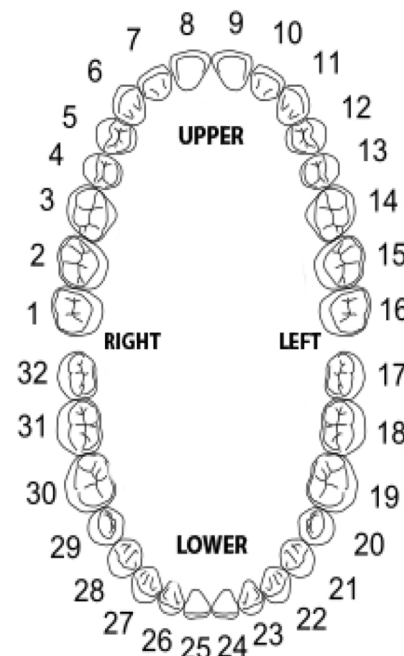


## Acrylic/ Immediate Specifications

- ☐ Extract and Replace All Teeth on Model
- ☐ Only Replace Missing Teeth on Model w/ No Extraction
- ☐ Extract Teeth#: \_\_\_\_\_
- ☐ Replace Teeth#: \_\_\_\_\_
- ☐ Wrought Wire on#: \_\_\_\_\_
- ☐ If tooth extraction needed, extract tooth from model during:
  - ☐ Base+Bite Block
  - ☐ Teeth Setup
  - ☐ Acrylic Processing

ADDITIONAL INSTRUCTION: SHADE: \_\_\_\_\_ Stump Shade: \_\_\_\_\_

Tooth #'s: \_\_\_\_\_ ☐ Singles[default] ☐ Splinted/Bridged



Dentist Signature: \_\_\_\_\_ Dentist License No: \_\_\_\_\_

The dentist and/ or the dental practice signing this prescription, or a substitute thereof, agrees to all terms, conditions, warranty, and policies Hope Dental Lab and accepts responsibility for payment of the related charges and agree to pay all legal and collections costs in the event the account is in collections or litigation, including reasonable fees.