Vital Dental Laboratory
YOUR PARTNER IN AESTHETIC EXCELLENCE.

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REMOVABLE RX FORM

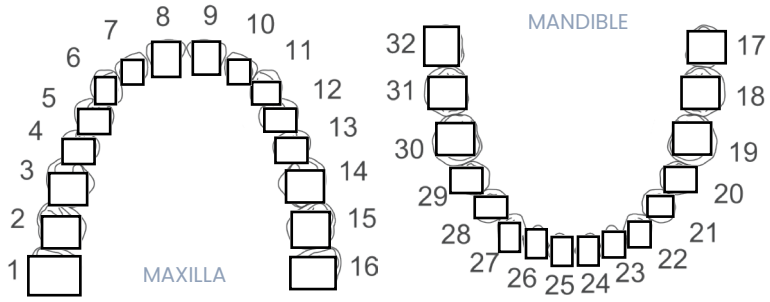
Rx Date | Due Date

Doctor's Name | Phone Number

Doctor's Address | ☐ / ☐

Patient Name | Sex

DESIGN YOUR CASE HERE



DIGITAL DENTURE

- ☐ Bite Block
- ☐ Digital Set-up / Try-In
- ☐ Reset
- ☐ Ivotion Denture (Milled)
- ☐ Digital Denture (Printed)
- ☐ PMMA Digital Partial (Printed)

FLEXI PARTIAL

- ☐ Bite Block
- ☐ TCS Digital Flexi
- ☐ TCS Nesbit / Uni-Lateral
- ☐ Analog Set-up / Try-In
- ☐ Reset
- ☐ Analog Process

ANALOG DENTURE

- ☐ Bite Block
- ☐ Set-up / Try-In
- ☐ Reset
- ☐ Process

ACRYLIC PARTIAL

- ☐ Bite Block
- ☐ Set-up / Try-In
- ☐ Reset
- ☐ Process

CAST PARTIAL

- ☐ Free Survey / Design
- ☐ Casting Try-In
- ☐ Bite Block
- ☐ Set-up / Try-In
- ☐ Reset
- ☐ Process
- ☐ Add Flexi-Clasp
- ☐ Add Acetal Clasp

MISCELLANEOUS

- ☐ Free Survey / Design
- ☐ Repair
- ☐ Weld
- ☐ Reline
- ☐ Wrought Wire Clasp

FINISH

- ☐ Ivobase
- ☐ Smooth
- ☐ Characterized
- ☐ Soft Liner

TYPE OF TEETH

- ☐ Standard
- ☐ Premium

SHADE

Anterior _____ Posterior _____

Acrylic Shade _____

PATIENT RECORDS

☐ Sending Patient Photos

IMPORTANT Please send all patient photos to **pics@vitaldentallab.com** with the patient's name in the subject heading.

NOTES

DR SIGNATURE: _____

LICENSE #: _____

PLEASE SEND: ☐ RX ☐ BOXES

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