



LABORATORY RX

All items in bold type are mandatory. If not filled in, case cannot be processed.

2210 Guilderland Ave, Schenectady NY 12306 (518) 344-5372

PLEASE NOTE: By submitting this Rx, I agree to terms and conditions on reverse side.

DR'S SIGNATURE: _____

DR'S LICENSE NUMBER: _____

PRE-ARRANGED: YES NO

IF YES, ORDER NUMBER: _____

FOR STUDIO USE ONLY

DATE RECEIVED #: _____ PAN #: _____

OPEN INITIALS: _____

INCOMING QC NOTES: _____

ORIGINAL ORDER #: _____

REMAKE/REPAIR REASON CODE: _____

STAGE: _____

REMAKE REASON: _____

CUSTOMER #: _____

O/E INT: _____

NEW ORDER #: _____

STAGE: _____

CUSTOMER NUMBER _____ LABORATORY NAME _____

SHIPPING ADDRESS _____

CITY/STATE/ZIP _____ PHONE _____

FAX _____ EMAIL _____

DOCTOR NAME/PATIENT NAME _____

AGE _____ M F

ALLOW **14 WORKING DAYS** FROM CASE ACCEPTANCE (SEE REVERSE SIDE FOR FURTHER DETAILS).

PROMOTION CODE _____

A. CASE TYPE

- Snap-It! Quadrant (6 units or less)
- Snap-It! Full Arch (7 units or more)

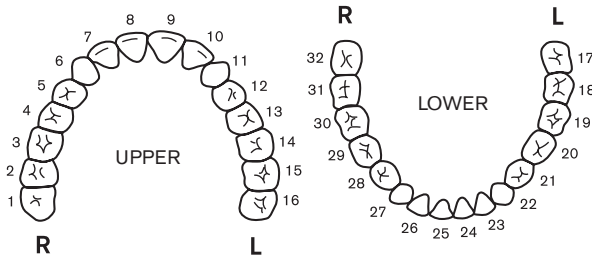
B. PATIENT TREATMENT MODALITY

Please check all that apply

- Cosmetic Removable Partial Denture
- Cosmetic Smile Enhancement
- Implant Temporary Restoration
- Raising Vertical Appliance

C. CASE DESIGN

Please use diagram below for case design and mark off extractions / pontics



F. PONTIC DESIGN



Hygienic



Full Ridge



Ovate _____ mm

D. CASE DESCRIPTION

Please fill in all that apply

- 1a. Upper
- 1b. Tooth # _____ to Tooth # _____**
- 2a. Lower
- 2b. Tooth # _____ to Tooth # _____**
- 3. List teeth to be extracted (if applicable) _____
- 4. List pontics to be replaced (if applicable) _____
- 5. Increase incisal length
_____ mm
- 6. Occlusal holes (leave occlusal surface open to maintain vertical dimension)**
 - Upper Lower Both None
- 7. Lingual windows on anterior teeth (uppers only)

E. SHAPE

Incisal

- Rounded Square Square-Round

Canine

- Rounded Square Pointed

G. SHADE (See reverse side for available shades)

Specify shade guide _____ Number _____

H. CASE ENCLOSURES

- Full Arch Polyvinyl/Polyether Impression** OPTIONAL Patient Photograph
- Bite Registration** Articulator
- Opposing Full Arch Model/Impression** Other

I. SPECIAL INSTRUCTIONS

For best results, please provide detailed appliance instructions in the space provided