PROSTHODONTIC DENTAL LAB

1006 Robertson Street, Fort Collins, CO 80524 Ph: 303-408-7106
271 South Downing Street, Denver, CO 80209 Ph: 720-365-9867
Fixed Laboratory : 720-219-6866

www.prosthodonticdentallab.com
info@prosthodeonticdentallab.com

HYBRID DENTURE RX

FOR LAB USE: Date due: _____ Pan # _____

Doctor _____

Address _____

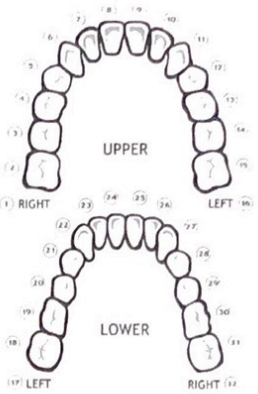
City _____ State _____ Zip _____

Email _____ Phone _____

Patient _____ Gender _____ Age _____

Enclosed: ☐ Impressions ☐ Models ☐ Bite ☐ Photos ☐ _____

Date sent _____ Date needed _____



DESIGN

Tooth setup: ☐ Ideal ☐ Characterized

☐ Copy study model ☐ Copy denture

Tissue shade: ☐ G1 (standard)

ETHNIC: ☐ G3 (medium) ☐ G4 (dark)

Distances in MM:

____ Upper anterior to posterior implants

____ Upper AP spread X 1.5mm

____ Lower anterior to posterior implants

____ Lower AP spread X 1.5mm

PRODUCTS AND WORKING TIMES

Please allow full working time for each product selected. Times are not guaranteed and do not include weekends or holidays. Rush service available on most products if prescheduled by calling us before case is shipped.

☐ Custom impression tray - 2 days

☐ Bite block - 3 days

☐ Implant verification jig - 3 days

☐ Setup try-in - 5 days

☐ Reset - 4 days

☐ Final prosthesis - 12-15 days

MADE IN USA

Restorations made in USA using Crystal Ultra hybrid nanoceramics

INSTRUCTIONS

Restore: ☐ Upper ☐ Lower

Tooth shade: _____

Implant system: _____

Implant diameter: _____ mm

Additional instructions:

_____

_____

_____

_____

SIGNATURE _____ DDS# _____

Terms: Customer agrees to the company policy stated on the reverse.

Send more: ☐ RX forms ☐ Boxes ☐ Labels ☐ Brochures ☐ Shade appt