CREATIVE DENTAL LAB

The Art Behind the Perfect Smile | McAllen, Texas | (956) 460-9843

DENTURES & PARTIALS

Laboratory Prescription

DOCTOR & PRACTICE

DOCTOR NAME

PRACTICE NAME

PHONE

EMAIL

LICENSE #

PRACTICE ADDRESS

PATIENT & DATES

PATIENT NAME OR ID

AGE

DATE SENT

DATE NEEDED

- ☐ Digital scan sent
- ☐ Impressions
- ☐ Models
- ☐ Bite registration
- ☐ Photos
- ☐ Opposing
- ☐ Pickup requested
- ☐ Rush (call first)

TEETH (CIRCLE OR MARK)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

Universal numbering. Upper arch: 1-16 | Lower arch: 17-32

ARCH

- ☐ Upper
- ☐ Lower
- ☐ Both

CASE TYPE

- ☐ Conventional full denture
- ☐ Premium aesthetic denture
- ☐ Digital / milled denture
- ☐ 3D-printed denture
- ☐ Immediate denture
- ☐ Implant-supported denture
- ☐ Flexible partial
- ☐ Cast metal partial
- ☐ Acrylic partial
- ☐ Acetal partial
- ☐ Temporary flipper
- ☐ Repair / reline / rebase

STAGE

- ☐ Custom tray
- ☐ Bite block
- ☐ Wax try-in
- ☐ Finish
- ☐ Repair

TOOTH MOULD

TOOTH SHADE

GINGIVAL SHADE

SPECIAL INSTRUCTIONS

DOCTOR SIGNATURE

DATE

RETURN BY

Disinfect all impressions and appliances before sending. Include this form with every case. Protect patient information.

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