FRONTIER DENTAL LABORATORIES
101 East 2nd Avenue, Vancouver, BC V5T 1B4
Tel 604 433 2988 Toll free 1 888 433 2988 Fax 604 433 2920
www.frontierdentallab.com

Removable Prosthetics Rx

RX DATE _____ **CASE #** _____

DATE WANTED _____ **TIME** _____

DOCTOR INFORMATION

Name _____ Telephone _____

Address _____

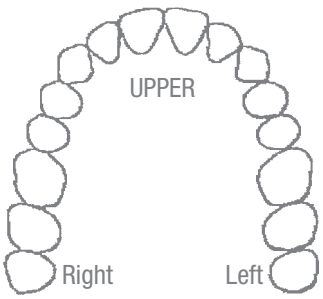
PATIENT INFORMATION

Name _____ Sex _____ Age _____

HAVE YOU INCLUDED THE FOLLOWING: ❍ Impression ❍ Bite ❍ Opposing ❍ Shade ❍ Pre-op study model

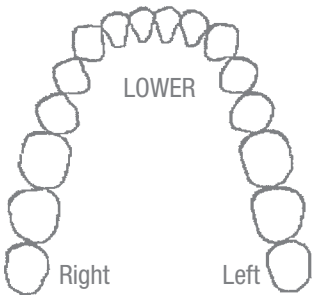
CHECKLIST: ❍ Midline marked ❍ High lipline marked

Rx _____

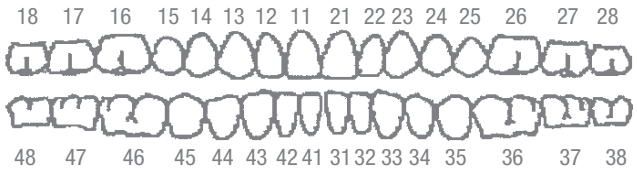


DESIGN CASE HERE

CLASP TYPE
❍ Cast
❍ Gold
❍ SS wire



UPPER
❍ Full metal palate
❍ Horseshoe palate
❍ Window palate
❍ Lab select



CIRCLE TEETH NUMBERS

LOWER
❍ Swing lock
❍ Lingual plate
❍ Lingual bar
❍ D-E hinge
❍ Lab select

NIGHTGUARDS: ❍ Hard ❍ Hard-soft ❍ Name on appliance ❍ Thermoplastic

Doctor's Signature _____ License # _____

PLEASE SEND: ❍ Prescription forms ❍ Plastic bags ❍ Case boxes

White - Lab Copy *Yellow - Doctor's Copy*