Date: _____
Dr. _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____
Patient: _____ Age: _____
○ Male ○ Female

ENCLOSED WITH CASE

○ Impression ○ Master Model ○ Bite Relation
○ Facebow ○ Attachment ○ Photos
○ Old Crown ○ Opposing Model ○ Articulator
○ Framework ○ Implant Components ○ Other: _____

○ Digital Scan:
Date Sent: _____ Time Sent: _____
System: _____
Has this case been disinfected? ○ Yes ○ No

SPECIAL INSTRUCTIONS

○ Please Call ○ Please Text #: _____
Request Return Date: _____ Time: _____
Papillameter: High: _____ Low: _____
Alma Gauge: Vert: _____ Horiz: _____
Alameter: _____

edmonds Dental Prosthetics

2065 W. Woodland • Springfield • MO • 65807 • 800.462.3569

MADE IN USA

Rx REMOVABLES

FULL DENTURE

○ Upper ○ Set-up ○ Reset
○ Lower ○ Process ○ Custom Trays
○ Immediate ○ Bite Rim ○ Intraoral Tracer

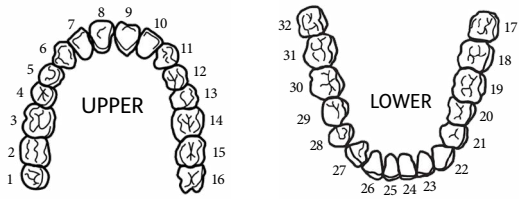
DENTURE ☐ Essential ☐ Premium

SHADE Anterior: _____
Posterior: _____

DENTURE BASE SHADE
○ Standard ○ Medium Ethnic
○ Light Ethnic ○ Dark Ethnic

MISCELLANEOUS
○ Bleaching Trays

Occlusal Scheme: _____



PARTIAL DENTURE

CAST METAL
○ Nesbit Unilateral ○ Wiro-Flex (Nylon/Chrome Hybrid)
○ Frame Design Only ○ Frame / Wax Rim
○ Frame Try-In ○ Frame / Teeth Processed

REPLACING
Tooth #: _____
Shade: _____
CLASPING
Tooth #: _____
○ Cast ○ Wire ○ Clear ○ Pink

METAL FREE
○ Processed Acrylic ○ Flipper (Self-Cure)
○ Unilateral ○ Try-In

REPLACING
Tooth #: _____
Shade: _____
CLASPING
Tooth #: _____
○ Cast ○ Wire ○ Clear ○ Pink

SERVICES

☐ Repair: ○ Base ○ Tooth
☐ Reline: ○ Hard ○ Soft ○ Rebase
☐ Add Clasp: ○ Cast ○ Wire
Tooth #: _____

SIGN & COMPLETE PRESCRIPTION

Payment is due upon receipt of statement. Payment not received by the end of the followingmonth is subject to a 1.5 % per month service charge on the unpaid balance plus all collection costs if incurred. Your signature is acceptance of these terms. *Each prescription must be completed and signed.*

X _____
Doctor Signature License Number

PLEASE PRINT TWO COPIES OF COMPLETED SCRIPT. KEEP ONE FOR YOUR RECORDS AND SEND ONE WITH YOUR CASE