

REMOVABLE Rx FORM

DOCTOR NOTES

- Bite
- Custom Tray
- Set-up
- Finish
 - Rugae
 - Stipple

Shade _____

Doctor Name _____ Phone # _____

Address _____

Patient Name _____ Age _____ Male Female

Today's Date _____ Due Date _____ by 4:00 pm

DENTURES

- Premium
- Standard
- Immediate
- Overdenture
- Hybrid

PARTIALS

- Acrylic Partial
- Flexible Partial
- Cast Partial
- Cast-Flexi Combo
- Nesbit

TEETH

- Premium
- Standard

MEASUREMENT DATA

- Papillameter _____
- Alameter _____
- Alma Gauge _____
 - X Reading (vertical) _____
 - Y Reading (horizontal) _____

IMPLANTS

Implant Manufacturer _____

Implant Size _____

SIGNATURE _____

LICENSE # _____

