BUXMONT Dental Lab

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Lansdale, PA 19446
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Rx Date :

Date Due In Office :

*Schedule 1 day prior to Appointment Date

Doctor's Name (Please Print)

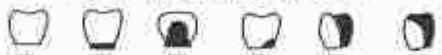
Doctor's Address

Patient's Name ☐ M ☐ F Sex Age

FIXED RESTORATIONS (Please ☑)

PFM	Implant / Custom Abutment	All Ceramic
☐ Non-Precious	☐ Cement Retained	☐ Zirconia
☐ Semi-Precious	☐ Screw Retained	☐ E.Max
☐ High Noble	☐ PFM	☐ Veneer
☐ Full Cast	☐ Zirconia	☐ Inlay / Onlay
☐ Titanium		

COLLAR & METAL DESIGN



☐ No Mtl Showing ☐ 360° Mtl Collar ☐ Metal Lingual ☐ Metal Lingual Collar ☐ Mtl Cont. Bucal Cusp. ☐ Mtl Cont. Int.Bucal Cusp.

PONTIC DESIGN

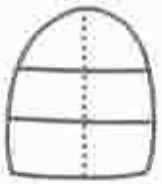
Full Ridge ☐ Modified Ridge ☐ No Ridge ☐ No Contact ☐ Point Contact ☐

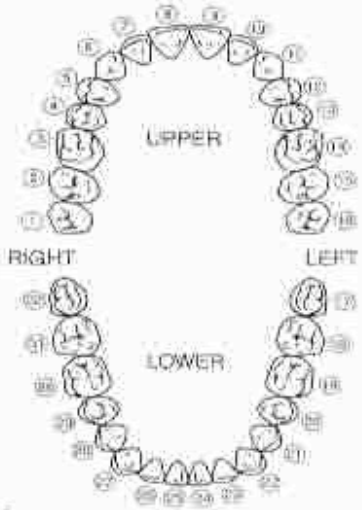
CONTACTS & EMBRASURES

☐ Point ☐ Normal ☐ Broad

Shade

Stump Shade





Please Send

☐ RX Forms ☐ Boxes ☐ Mailing Labels

Enclosures Lab Use Only

☐ Photo(s) ☐ Analog ☐ Models ☐ Implant Parts
☐ Impression ☐ Bite ☐ Shade Tab ☐ Other _____

REMOVABLE RESTORATIONS (Please ☑)

Dentures

- ☐ Custom Tray
- ☐ Base Plate / Wax Rim
- ☐ Standard Denture (Biotorm Teeth)
- ☐ Premium Denture (Ivoclar Teeth & Ivobase Acrylic)
- ☐ Economy Denture
- ☐ Denture Set-up
- ☐ Denture Finish
- ☐ Immediate Denture

Acrylic

Diamond D (Standard)

- ☐ Pink
- ☐ Mehany
- ☐ Custom

Ivobase (Premium)

- ☐ Pink
- ☐ Mehany
- ☐ Custom

Metal Partials

- ☐ Cast Metal framework
- ☐ Cast Frame Clear Clasp
- ☐ Frame w/ Bite
- ☐ Frame Try-in w/ Teeth
- ☐ Finish

Duraflex Flexible Partials

- ☐ Set-up / Wax Try-in
- ☐ Finish
- ☐ Nesbit (1-2 Teeth)
  - ☐ Try-in ☐ Finish

Orthodontics

- ☐ Hard Nightguard Clear Acrylic
- ☐ Erkodent Hard/Soft Nightguard
- ☐ NTI Nightguard
- ☐ Hawley Retainer
- ☐ Day Guard (GELB)
- ☐ Spring Retainer
- ☐ Essix Retainer

Acrylic Partials

- ☐ Flipper
- ☐ Acrylic Partial w/ Wrought Wire Clasp
- ☐ Acrylic w/ Clear Clasp

Repairs / Relines

Relines

☐ Hard ☐ Soft

Jump Denture

☐ Reline & Replace All Acrylic

Repair

☐ Add Tooth ☐ Add Clasp
☐ Crack Repair
☐ Add Strengthener

Weld

☐ Phaser Weld Loop
☐ Phaser Weld Clasp
☐ Phaser Weld Broken Lingual Bar / Major Connector

Rx SPECIFIC INSTRUCTIONS :

Dr. Signature _____ License # _____