



# AU Dental Ceramics

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## REMOVABLE RX

Date \_\_\_\_\_ Due Date \_\_\_\_\_

Dr. Name \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Street Address \_\_\_\_\_

Name of Patient \_\_\_\_\_ Gender  M  F Age \_\_\_\_\_

Date wanted: Try-In \_\_\_\_\_ Time \_\_\_\_\_ AM  
PM Finish \_\_\_\_\_ Time \_\_\_\_\_ AM  
PM

ANTERIOR		POSTERIOR	
SHADE	MOULD	SHADE	MOULD

Brand \_\_\_\_\_  Porcelain  Plastic

Cusp(°)  0°  10°  20°  30°  33°

### ENCLOSED

Impression \_\_\_\_\_

Impression/Partial \_\_\_\_\_

Bite Registration \_\_\_\_\_

Master Cast \_\_\_\_\_

Opposing Cast \_\_\_\_\_

Study Cast \_\_\_\_\_

Articulator \_\_\_\_\_

Photograph \_\_\_\_\_

Other \_\_\_\_\_

### DENTURES

Custom Tray:  Acrylic  Vacuum Formed  With Holes  Without Holes

Baseplate:  Vacuum Formed  Acrylic

Set up Procedure:  Straight Line  Other, please specify: \_\_\_\_\_

Type Finish:  Festooned  Regae  Stippled  Smooth  Palatal Relief

Immediates:  No Trim of Cast  Moderate Trim  Socket  Surgical Tray

Post Dam  Single  Double  Butterfly

### PARTIALS

Thickness of clasps:  Thin  Medium  Heavy

Type of Clasp:  Roach  R.P.I.  Akers  Other

Type of Connection:  Horseshoe  Parallel Bar  Lingual Bar  Lingual Plate  Other

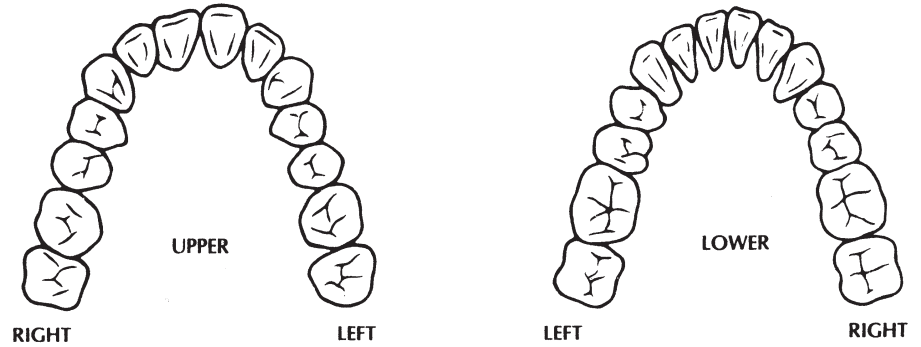
Tissue Relief:  Slight  Medium  Heavy

Saddle Relief:  Slight  Medium  Heavy

### RX INSTRUCTIONS

CALL ME

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### PLEASE SEND LABELS

RX  Air Bills  Boxes  Labels  Evaluation  Wax Check  Metal Try-In  Finish

### RETURN FOR

Signature of Dentist Required \_\_\_\_\_

Dentist License # \_\_\_\_\_

The person signing this authorization accepts sole responsibility for full payment, all legal fees, collection costs, and agrees to the terms and conditions on our Rate Card, including guarantee. Payments are due in full, 30 days from statement date.