

# Fixed & Removable RX



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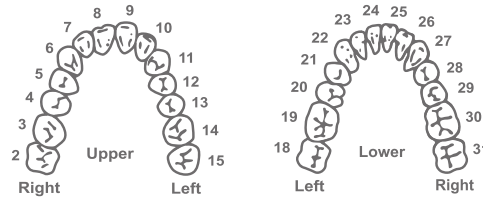
Dr. Name \_\_\_\_\_ Dr. Phone # \_\_\_\_\_ Dr. Account # \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Date Written \_\_\_\_\_ Patient \_\_\_\_\_  Male  Female

**Enclosed #** \_\_\_\_\_ **Model** \_\_\_\_\_  
 \_\_\_\_\_ **Shade Tab** \_\_\_\_\_ **Impression** \_\_\_\_\_  
 \_\_\_\_\_ **Articulator** \_\_\_\_\_ **Bite** \_\_\_\_\_  
 \_\_\_\_\_ **Crown** \_\_\_\_\_ **Photos** \_\_\_\_\_  
 Other: \_\_\_\_\_

**Due Date** (Please Specify Date) \_\_\_\_\_

**Please Send:**

- Study Model for Anterior Cases
- Stump Shade for All-Ceramic/BruxZir Anterior Cases

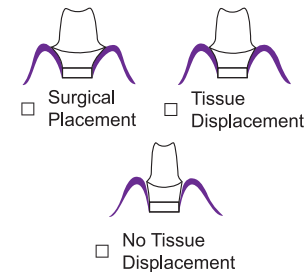


Indicate Implant System \_\_\_\_\_

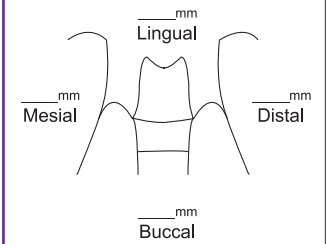
**Implant Abutment**

- OAL Custom Titanium Abutment  Atlantis Gold Hue Abutment  
 OAL Custom Zirconia w/Ti Insert  Prep Stock Abutment

**Abutment Emergence Profile**



**Abutment Margin Depth**  
 - Below Tissue, + Above Tissue



**Bite Classification:**  
 Class 1  Class 2  Class 3

**If No Occlusal Clearance:**  
 Adjust Opposing  Make this permanent preference  
 Reduction Coping

**Dr. Signature** \_\_\_\_\_  
**License #** \_\_\_\_\_

**Shade Instructions:** Shade \_\_\_\_\_  
 Stump Shade \_\_\_\_\_  
*email shades to: shade@oralartsdental.com*

**Occlusal Staining:** \_\_\_ None \_\_\_ Light \_\_\_ Medium \_\_\_ Dark

**Pontics (circle preference)**

No Contact  Modified Ridge  
 Full Ridge  Point Contact

**Dentures/ Flexible Partial**

Denture  IvoBase Premium Injection Denture  
 Duplicate Denture  Flipper/ Acrylic Partial  
 DuraFlex Partial  TCS Unbreakable Partial  
 DuraFlex/ Metal Combo  TCS Unbreakable/ Metal Combo  
 Custom Tray  Bite Rim  Try-in Setup

Name in Appliance \_\_\_\_\_

**Premium Cast Partial**

Frame Try-In  Frame with Bite Rim  
 Frame with Setup  Process/ Finish

Saddle Areas \_\_\_\_\_ Tooth # \_\_\_\_\_  
 Lab Design \_\_\_\_\_  
 Metal Dummy \_\_\_\_\_  
 Metal Dummy/Veneer \_\_\_\_\_

Rest Areas \_\_\_\_\_  
 Lab Design \_\_\_\_\_  
 Indicated on Diagram \_\_\_\_\_

**Zirconia/ Ceramic Crowns/ Provisionals**

BruxZir Solid Zirconia  BruxZir Anterior  
 BruxZir Lingual/ Porc. Bucc.  IPS e.Max  
 Lava - Porc. to Zr.  Indirect Composite  
 Lava Ultimate Restorative  Empress Esthetic  
 Forte YZr- Porc.to Zr.  
 CAD/CAM Oral Temps -----  Add Fiber Force REINF  
 BruxZir Screw Retained Hybrid Bridge

**Margin & Metal Design**

Porcelain Butt Margin  \_\_\_\_\_  
 \_\_\_\_\_  \_\_\_\_\_  
 \_\_\_\_\_  \_\_\_\_\_

**Set Up/ Teeth**

Ideal  Study Model  Characterized  
 Premium Teeth  Economy Teeth

Shade \_\_\_\_\_ Mould \_\_\_\_\_

**Tissue/ Acrylic Shade**

**Acrylic:**  Light  Original  Dark  
 Ethnic:  Light  Medium  Dark

**DuraFlex:**  Clear  Light Pink  Medium Pink  Dark Pink

**TCS Unbreakable:**  Light Pink  Standard Pink  
 Light/ Dark Pink  Dark Pink

**Night Guards/ Bite Splints/ Mouthguards**

Comfort HS Splint  DuraSoft Splint  AstronCLEAR  
 Variflex HS  Sprinkled Acrylic Splint  AstronCOLOR  
 Gelb Splint  Soft EVA  IvoBase Clear Injected Splint

*Specify Colors on RX*

**Full-Cast Crowns**

Base Metal  WN  
 Argenco Y+ Yellow Noble  WHN  
 Mini Gold Yellow Noble  YHN

**Post & Core**

One Piece  Separate

**PFM Crowns**

Base Metal  Noble  
 Captek  WHN  YHN

**Sleep Apnea & Ortho Devices**

EMA  TAP 3 Elite TL  
 Specify Ortho Device on Rx