



Dental Design Studio Inc. Rx

Rx

Date: _____

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 Toll free: (800) 568-9688
 Email: dds1lab@aol.com website: <http://www.ddslabs.com>

Please send: Bags / Rx's Disinfected? YES / NO

Special Delivery instructions:
 Please send digital Photos/Email to dds1lab@aol.com

Dr. _____ Phone _____

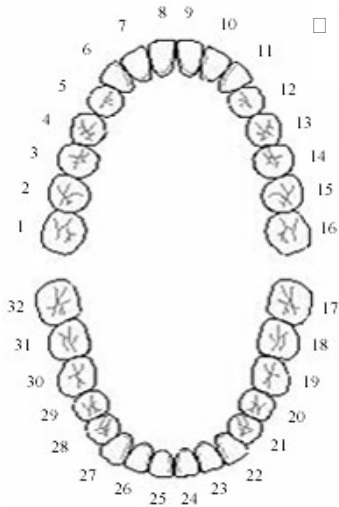
Patient: _____ M/F Age: _____ Try in / Finish _____ Due Date: _____ am/pm

DENTURES		SPLINTS		RELINE	REPAIR	ZIRCONIA	EMAX®	PORC. FUSED TO METAL	
<input type="checkbox"/> Ivocap	<input type="checkbox"/> Duplicate	<input type="checkbox"/> Deprogrammer	<input type="checkbox"/> Hard	<input type="checkbox"/> Hard	<input type="checkbox"/> Simple	<input type="checkbox"/> Full Contour	<input type="checkbox"/> Full Contour e.max®	<input type="checkbox"/> HN White	<input type="checkbox"/> HN Yellow
<input type="checkbox"/> Massad	<input type="checkbox"/> Overdenture	<input type="checkbox"/> Comfort(Hard/Soft)		<input type="checkbox"/> Soft	<input type="checkbox"/> Complex	<input type="checkbox"/> Full Contour – ML	<input type="checkbox"/> Full Contour e.max® ML	<input type="checkbox"/> Noble White	<input type="checkbox"/> Other
PARTIALS		STAYPLATE		CUSTOM TRAY		<input type="checkbox"/> Full Contour –UTML	<input type="checkbox"/> e.max® Layered	MARGIN	ABUTMENT
<input type="checkbox"/> Chrome	<input type="checkbox"/> Duraceta™	<input type="checkbox"/> Acrylic	<input type="checkbox"/> W/W clasps	<input type="checkbox"/> Perforated		<input type="checkbox"/> Zirconia Layered	<input type="checkbox"/> e.max® Veneer	<input type="checkbox"/> Standard	<input type="checkbox"/> Custom
<input type="checkbox"/> Gold		<input type="checkbox"/> Immediate	<input type="checkbox"/> Ball clasps	<input type="checkbox"/> Non-Perforated		FULL METAL CROWN		<input type="checkbox"/> Porc. butt	<input type="checkbox"/> Zirconia
TEETH		ORTHODONTIC		IMPLANTS		<input type="checkbox"/> High Noble Yellow	<input type="checkbox"/> High Noble White	<input type="checkbox"/> Mtl buccal mm	<input type="checkbox"/> Titanium
<input type="checkbox"/> Vitapan	<input type="checkbox"/> Portrait	<input type="checkbox"/> Hawley		<input type="checkbox"/> Hader bar type / Titanium		<input type="checkbox"/> Noble Yellow	<input type="checkbox"/> Noble White		<input type="checkbox"/> Stock
<input type="checkbox"/> Ivoclar	<input type="checkbox"/> Bioform	<input type="checkbox"/> Band Loop		<input type="checkbox"/> Fixed Hybrid		PONTIC DESIGN	OCCLUSAL CLEARANCE		
<input type="checkbox"/> Phonares	<input type="checkbox"/> Postaris			<input type="checkbox"/> All-On-Four		<input type="checkbox"/> Sanitary <input type="checkbox"/> Bullet	<input type="checkbox"/> Metal Occlusion	<input type="checkbox"/> CAD temporary crown	
				<input type="checkbox"/> Drill Guide	<input type="checkbox"/> Barium Stent	<input type="checkbox"/> Full ridge	<input type="checkbox"/> Spot Opposing	<input type="checkbox"/> Diagnostic wax up (Per Unit)	
SHADE:	MOULD:					<input type="checkbox"/> Modified	<input type="checkbox"/> Reduction Coping		

- A1
- A2
- A3
- A3.5
- A4
- B1
- B2
- B3
- B4
- C1
- C2
- C3
- C4
- D1
- D2
- D3
- D4

Rx INSTRUCTIONS / DESIGN NOTES:

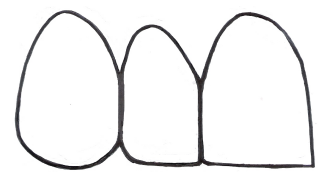
Please call before starting



- INCOMING CHECK LIST**

 - Alginate imp
 - PVS imp
 - Opposing
 - Bite
 - Old Crown
 - Old partial
 - Old Denture
 - Study Models
 - Old Models
 - Articulator
 - Face bow

LAB USE ONLY



- SHADE** **STAIN**
- Gingiva _____ None
 - Body _____ Light
 - Incisal _____ Medium
 - Stump _____ Dark

Dr. Signature: _____ License No. _____