



301 North Main Street / Winston-Salem, NC 27101 / 336-722-1876

Rx FORM

Doctor \_\_\_\_\_ Mould Imp. Number \_\_\_\_\_

Patient \_\_\_\_\_ Age \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Date Needed Try-in \_\_\_\_\_ Completed \_\_\_\_\_

TOOTH SHADE \_\_\_\_\_ TOOTH MOULD \_\_\_\_\_

PROCEDURE TO BE PERFORMED

\_\_\_\_\_ A-Tran Immediate Denture System (1 clear surgical w/poured teeth & 1 pink final denture w/set teeth)

\_\_\_\_\_ Immediate Denture (pink only, set teeth)

\_\_\_\_\_ Clear Stint (clear teeth)

\_\_\_\_\_ Very Best Denture (Set teeth, includes wax try-in)

\_\_\_\_\_ Assurance Denture (Poured teeth, EXACT duplicate, no try-In)

PLEASE INCLUDE OPPOSING MODEL AND BITE FOR VERY BEST DENTURE

Wax Try-In \_\_\_\_\_ Finish \_\_\_\_\_

Storage Only \_\_\_\_\_ Nightguard \_\_\_\_\_

BASE FINISH

\_\_\_\_\_ Smooth \_\_\_\_\_ Festoon & Stipple \_\_\_\_\_ Festoon \_\_\_\_\_ Stipple \_\_\_\_\_ Palatal Rugae  
\_\_\_\_\_ Post Palatal Scal

SPECIAL INSTRUCTIONS

Date \_\_\_\_\_ Authorized Signature \_\_\_\_\_ License # \_\_\_\_\_