3001 Keller Springs Road
Carrollton, TX 75006
Toll-Free: (888) 567-4935
Phone: (214) 691-5512
ydldental.com

RX DATE	DUE DATE

Removable Prosthetics Rx

INFORMATION

☐ **This is my first case with YDL Dental**

Doctor's Name _____

Practice Name _____

Address _____

Phone _____

Email _____

Patient Name _____

Sex: M☐ F☐ Age _____

(Standard working time if no date given) Case turnaround times are based on the date the prescription is received at the lab.

DENTURES

☐ Upper ☐ Lower ☐ Try-in ☐ Finish ☐ Set-Up & Finish

☐ Immediate/Surgical Guide
☐ Process & Finish
☐ Process Base Plate
☐ Custom Tray
☐ Base Plate
☐ Bite Rim

PARTIALS

☐ Upper ☐ Lower ☐ Try-in ☐ Finish ☐ Set-Up & Finish

☐ Acrylic Flipper (1-4 Teeth)
☐ Unilateral Partial
☐ Cast Frame Only
☐ Flexible Partial
☐ Ball Clasps
☐ Wrought Wire
☐ Polymer Partial
☐ Custom Tray
☐ Base Plate
☐ Bite Rim

OTHER

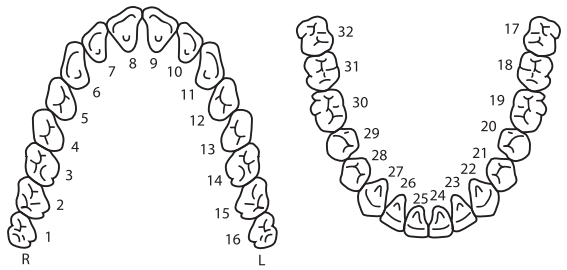
Nightguards/Splints

☐ Upper
☐ Lower
☐ Hard Acrylic *Pankey Technique*
☐ Hard Acrylic
☐ Durasoft (Hard-soft)
☐ Sportsguard
☐ Thermoflex

REPAIRS

☐ Reline
☐ Rebase
☐ Repair
☐ _____

CASE DESIGN



Shade _____
Mold Ant _____
Mold Post _____

Acrylic Shade

☐ Lucitone 199® (Standard) ☐ Pink ☐ Original ☐ Light

Teeth

☐ Mondial (standard) ☐ Artic ☐ Other _____
Special Order

Face Shape

☐ Oval ☐ Triangle ☐ Round ☐ Square

RX SPECIFIC INSTRUCTIONS

_____ _____

Dentist Signature (REQUIRED) Dentist License No.