



<i>Dr.</i>	<i>Bill to</i>	<i>Surgery</i>
<i>Patient</i>		
<i>Today is</i>	<i>Delivery Date</i>	

REMOVABLE RESTORATION PRESCRIPTION FORM

TYPE OF THE DENTURE

U L

- CO CR
- FULL ACRYLIC
- PARTIAL ACRYLIC
- FLEXIBLE
- OTHER (please specify)

OCCLUSAL SPLINTS

U L

- TALON (hard/ soft heat cured)
- NIGHTGUARD (hard/soft)
- NIGHTGUARD with acrylic
- ESSIX retainer
- ESSIX retainer with tooth
- OTHER (please specify)

STAGES

U L

- SPECIAL TRAY
- REG. RIMS
- TRY IN TEETH
- RETRY TEETH
- FINISH DENTURE

MISCELLANEOUS

U L

- ANTI-SNORING APPLLIANCE
- BLEACHING TRAY
- SURGICAL STENT
- HAWLEY RETAINER
- SCHWARTZ APPLIANCE
- RPE
- MOUTHGUARD colour..... layers.....
- OTHER (please specify)

REPAIRS & RELINES

U L

- REPAIR
- ADDITION (tooth clasp)
- HARD RELINE
- SOFT-LINER RELINE
- OTHER (please specify)

Please draw your design here:



