

SOUTH DAKOTA DENTAL LABORATORY PRESCRIPTION

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PATIENT (Case No. _____)

Name _____ Age _____ M _____ F _____

Square Vigorous Dom. R. L.

Tapering Delicate Profile: _____

Ovoid Soft Straight Curved

Date Sent _____

RETURN DATE _____

Time of Appt. _____

TRIAL _____

FINISH _____

Ortho _____
(Use Rx)

LAB

DOCTOR _____

City _____

State _____ Zip _____

PROSTHETICS (Check As Applies) **CROWN & BRIDGE**

	U	L	Indicate Pontic And Case Structure	
Full Denture			Bridge - No. Units	_____
Immediate Denture			Acrylic Jacket	_____
Duplicate Dent.			Acrylic Metal	_____
Partial			Porcelain Jacket	_____
Bite Blocks			Porcelain & Metal	_____
Trays			Porcelain Occlusal	_____
Gothic Arch			Porc. on Buccal Cusp.	_____
Post Dam			Cast Crown	_____
Palatal Relief			Inlay	_____
Reline			3/4 Crown	_____
Repair			Onlay	_____
Full Cast			Precision Attachment	_____
Wrought Wire			Stress Breaker	_____
Cast Skeleton				



MATERIALS & MANUFACTURERS

Anteriors: Acry. Porc. Mold _____

Posteriors: Acry. Porc. Mold _____ Type _____

Denture Base: _____

Mfgr. Acry/Porc. _____

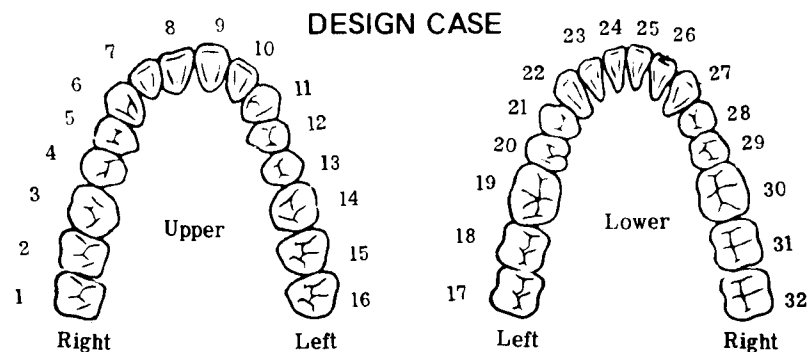
Type/Mfgr. Metal: _____

Shade/Shadeguide _____



Characterization - Mold

- | | | |
|---|--|--|
| <p>RIDGE RELIEF</p> <p><input type="checkbox"/> NONE <input type="checkbox"/> SLIGHT</p> <p><input type="checkbox"/> MED. <input type="checkbox"/> HEAVY</p> <p>CONTACTS:</p> <p>OPEN <input type="checkbox"/> CLOSED <input type="checkbox"/></p> | <p>FULL RIDGE </p> <p>PARTIAL RIDGE </p> | <p>PONTIC DESIGN</p> <p><input type="checkbox"/> NO RIDGE </p> <p><input type="checkbox"/> POINT CONTACT </p> <p><input type="checkbox"/> NO CONTACT </p> |
|---|--|--|



D.D.S. Lic. # _____

STATE LAW REQUIRES YOU KEEP COPY TWO YEARS