

**REMOVABLE RX FORM**

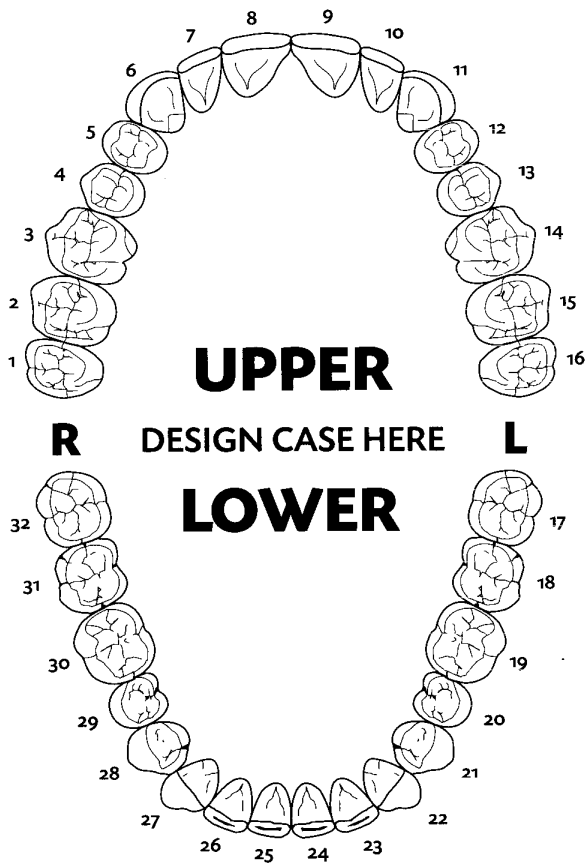


2113 State Street  
 New Albany, IN 47150  
 812.945.7122 • 812.949.3492  
 800.999.7122  
 www.kelleydental.com

DR. \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 PHONE \_\_\_\_\_

**SHADE**

Acrylic Shade: \_\_\_\_\_  
 Tooth Shade & Type: \_\_\_\_\_



**SPECIAL INSTRUCTIONS**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please Call     Attention: \_\_\_\_\_    Dr.'s Signature \_\_\_\_\_

**Please send me:**  Boxes     Rx     Shipping Labels    License # \_\_\_\_\_

Retain carbon copy for your records

Rev. 1/19

PATIENT \_\_\_\_\_

AGE \_\_\_\_\_  MALE     FEMALE     AM

RETURN DATE \_\_\_\_\_  PM

PATIENT'S DOB \_\_\_\_\_

**ENCLOSURES**

- STUDY MODEL
- BITE
- STICK BITE
- OPPOSING MODEL
- MASTER MODEL
- ARTICULATOR
- PHOTO
- IMPRESSION
- PRELIMINARY
- FINAL
- SHADE TAB

**FULL DENTURE**

- ANTERIOURS:  HARD RESIN     ECONOMY     PHONARES II
- POSTERIOURS:  HARD RESIN     ECONOMY     PHONARES II
- SET-UP:  CHARACTERIZED     LINGUALIZED     IDEAL
- PROCESS:  INJECTION     PRESS PACK
- RELINE/REBASE:  INJECTION     HIPA     PERMASOFT

**PARTIAL DENTURE**

- VITALLIUM 2000     VITALLIUM 2000 PLUS     WIRONIUM
- ACRYLIC HYBRID     FLEXIBLE RPD
- FRAME ONLY
- FRAME W/WAX RIM
- FRAME W/SET-UP FOR WAX TRY-IN
- FRAME COMPLETE
- HORSESHOE
- PALATAL BAR
- CIRCULAR BAR
- STRENGTHENER
- W.W. CLASP
- FLEXIBLE CLASP
- LINGUAL BAR
- LINGUAL PLATE
- KENNEDY BAR
- STRENGTHENER BAR
- BALL CLASP
- GASKET

**SPLINTS**

- HARD SPLINT
- BRUX-EZE®
- ECLIPSE HEAT AND SEAT
- SOFT MOUTH GUARD
- SOMNODENT
- MAGO
- RELEASE
- ARCH
  - MAXILLARY
  - MANDIBULAR
  - LAB CHOICE

# CASE CHECKLIST

The case checklist is designed to assist you in completing your cases to help ensure the best results possible.

## Helpful Reminders

- Make sure all models are properly packaged to prevent breakage
- Label all slides, photos and discs with doctor and patient name
- Review prescription to ensure it is complete

## Denture

- Detailed Lab Slip, Include
  - Tooth Shade & Tooth Type
  - Sex & Age of Patient
  - Acrylic Shade
- Bite Registration
- High Lip Line
- Low Lip Line
- Midline
- Model of Old Denture
  - if you like the shape of the teeth

## Splints

- Polyvinyl Impression or Master Model
- Open Bite Registration