

REMOVABLE RX FORM

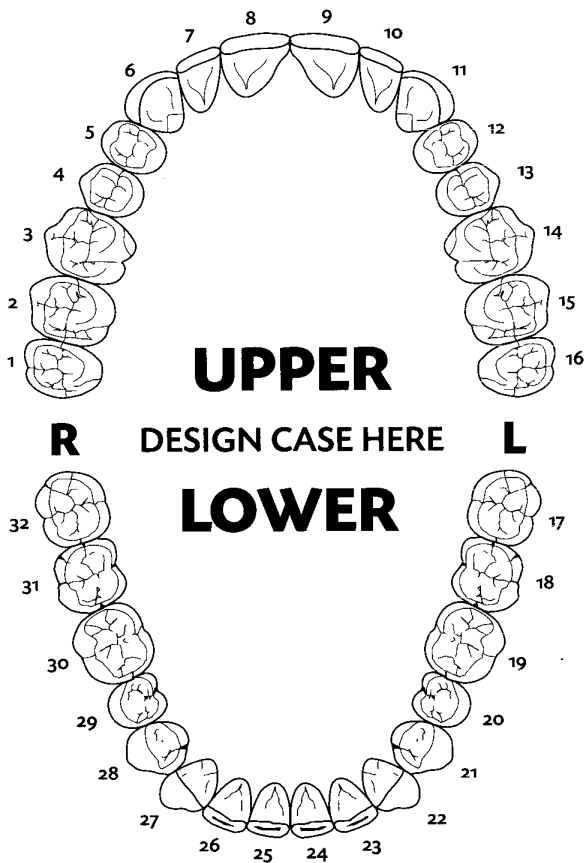


2113 State Street
 New Albany, IN 47150
 812.945.7122 • 812.949.3492
 800.999.7122
 www.kelleydental.com

DR. _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 PHONE _____

SHADE

Acrylic Shade: _____
 Tooth Shade & Type: _____



SPECIAL INSTRUCTIONS

Please Call Attention: _____ Dr.'s Signature _____ Today's Date _____

Please send me: Boxes Rx Shipping Labels License # _____

Retain carbon copy for your records

Rev. 4/22

PATIENT _____

AGE _____ MALE FEMALE AM

RETURN DATE _____ PM

PATIENT'S DOB _____

ENCLOSURES

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> STUDY MODEL | <input type="checkbox"/> ARTICULATOR |
| <input type="checkbox"/> BITE | <input type="checkbox"/> PHOTO |
| <input type="checkbox"/> STICK BITE | <input type="checkbox"/> IMPRESSION |
| <input type="checkbox"/> OPPOSING MODEL | <input type="checkbox"/> PRELIMINARY |
| <input type="checkbox"/> MASTER MODEL | <input type="checkbox"/> FINAL |
| | <input type="checkbox"/> SHADE TAB |

FULL DENTURE

- | | | |
|---|--------------------------------------|--------------------------------------|
| ANTERIORS: <input type="checkbox"/> HARD RESIN | <input type="checkbox"/> ECONOMY | <input type="checkbox"/> PHONARES II |
| POSTERIORS: <input type="checkbox"/> HARD RESIN | <input type="checkbox"/> ECONOMY | <input type="checkbox"/> PHONARES II |
| SET-UP: <input type="checkbox"/> CHARACTERIZED | <input type="checkbox"/> LINGUALIZED | <input type="checkbox"/> IDEAL |
| PROCESS: <input type="checkbox"/> INJECTION | <input type="checkbox"/> PRESS PACK | |
| RELINE/REBASE: <input type="checkbox"/> INJECTION | <input type="checkbox"/> HIPA | <input type="checkbox"/> PERMASOFT |

PARTIAL DENTURE

- | | | |
|--|--|---|
| <input type="checkbox"/> VITALLIUM 2000 | <input type="checkbox"/> VITALLIUM 2000 PLUS | <input type="checkbox"/> WIRONIUM |
| <input type="checkbox"/> ACRYLIC HYBRID | <input type="checkbox"/> FLEXIBLE RPD | <input type="checkbox"/> TRINIA |
| <input type="checkbox"/> FRAME ONLY | <input type="checkbox"/> HORSESHOE | <input type="checkbox"/> LINGUAL BAR |
| <input type="checkbox"/> FRAME W/WAX RIM | <input type="checkbox"/> PALATAL BAR | <input type="checkbox"/> LINGUAL PLATE |
| <input type="checkbox"/> FRAME W/SET-UP FOR WAX TRY-IN | <input type="checkbox"/> CIRCULAR (A-P) BAR | <input type="checkbox"/> KENNEDY BAR |
| <input type="checkbox"/> FRAME COMPLETE | <input type="checkbox"/> STRENGTHENER | <input type="checkbox"/> STRENGTHENER BAR |
| | <input type="checkbox"/> W.W. CLASP | <input type="checkbox"/> BALL CLASP |
| | <input type="checkbox"/> FLEXIBLE CLASP | <input type="checkbox"/> GASKET |

SPLINTS

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> HARD SPLINT | <u>ARCH</u> |
| <input type="checkbox"/> BRUX-EZE® | <input type="checkbox"/> MAXILLARY |
| <input type="checkbox"/> SPORTS MOUTH GUARD | <input type="checkbox"/> MANDIBULAR |
| <input type="checkbox"/> SOMNODENT | <input type="checkbox"/> LAB CHOICE |
| <input type="checkbox"/> MAGO | |
| <input type="checkbox"/> RELEASE | |
| <input type="checkbox"/> REMEDEZE | |
| <input type="checkbox"/> ESSEX RETAINER | |

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

INSTRUCTIONS TO PICK UP A PARTIAL IN AN IMPRESSION

1. Place the RPD in patient's mouth. Rehearse the correct occlusal position and pick up position with the patient by use of an empty impression tray.
2. Inject light body vinyl polysiloxane material or similar on the tissue / partial saddle areas, also around preps; follow the manufacturer's instructions.
3. Fully seat the RPD and have the patient close into the rehearsed occlusal position.
4. Take a blue mousse bite or similar and set aside (keep RPD in place).
5. Inject medium-body vinyl polysiloxane impression material or similar into impression tray and place over the partial still in the mouth.
6. Remove the impression with the RPD inside the impression if possible, should the partial dislodge from the impression or stays in the mouth, don't push the RPD back into the impression. Please send separate for us to fully seat it back in.
7. Take an opposing impression, an alginate poured up chairside will be sufficient.