Cadmus Dental Lab

Removable Rx
Laboratory Procedure Prescription

5701 E Hillsborough Ave, Ste 2120, Tampa, FL 33610

Required Information

Doctor Name _____

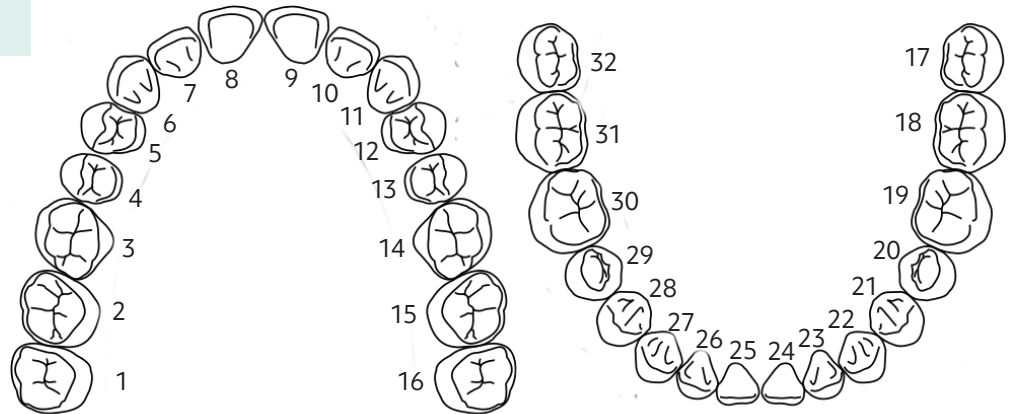Practice Name _____

Address _____

_____

Phone _____

Rx Date _____

Due Date/Delivery on _____

Patient Name _____

Patient Chart # _____

☐ M ☐ F _____ DOB _____

UPS Tracking # _____

*Case turnaround times are based on the date the Rx is received at Cadmus Dental Lab.
Please allow 10 business days (M-F) from that date and 15 business days for complex cases.*

Case Instructions

☐ Teeth to be extracted from model
☐ Teeth removed from model at final processing

Extractions - Please mark all teeth to be extracted

Acrylic Shade

☐ **Lucitone 199**
☐ Light Pink (Luc199L)
☐ Light Meharry
☐ Meharry

Tooth Shade _____
Shade Guide Used
(vita default)

Dentures

☐ Upper
☐ Lower
☐ Prime Denture
☐ **Immediate/ Surgical Denture**
☐ **Setup/ Try In**
☐ Finish

☐ Cast Metal Base
☐ Cast Metal Frame
☐ Custom Tray
☐ Base Plate
☐ Bite Rim

Partials

☐ Upper
☐ Lower
☐ **Setup/ Try In**
☐ Finish

☐ Custom Tray
☐ Base Plate
☐ Bite Rim

Base Materials

☐ **Acrylic Partial**
☐ CadFlex Partial
☐ Valplast Partial
☐ Immediate/ Surgical Partial
☐ Unilateral CadFlex
☐ Unilateral Metal

Metal Framework

☐ **Chrome Cobalt**
☐ Vitallium

Partial Design

☐ Horseshoe Palate (upper)
☐ Wrought Wire Clasps (2)
☐ Ball Clasps
☐ Full Palatal Metal Coverage (upper)
☐ Lingual Bar (lower)
☐ Cosmetic Clasps Type
☐ Lingual Apron (lower)
☐ A-P Strap

Night Guards

☐ Upper
☐ Lower
☐ Soft
☐ Hard
☐ Flexible

Repairs

☐ Reline
☐ Rebase
☐ Simple Repair
☐ Complex Repair

☐ Soft Liner
☐ Add Clasp
(clasp type)

Notes:_____

_____

_____

_____

Dentist signature** _____

Dentist license no. _____
(Required by law)

**The person signing this form is an authorized signer and, along with the dental practice, accepts responsibility for payment of all related charges, as well as any legal costs, collection and other fees incurred by Cadmus Dental Lab in the event the account is sent to collections or litigation.

*Patient Photos - Please send case photos via email to **photos@cadmusdentallab.com***

*Case Questions - Please email any questions, technical concerns and applicable remake requests to **customerservice@cadmusdentallab.com***

*If no options are selected, the lab default will be chosen

cadmusdentallab.com | (800) 818-1704