

Classic Removable Rx

ATTN: _____ ACCOUNT#: _____

RX Date _____ Due Date _____

FOR DELIVERY BY 5PM. NOTE: If no due date is assigned, a standard Westbrook due date will be applied.

DR. NAME/ADDRESS _____ PATIENT NAME (Please Print) _____

DR. PHONE _____ PATIENT APPT. DATE _____

DR. EMAIL _____ SEX: M/F _____ AGE: _____

SIGNATURE OF DENTIST (Required) _____ DENTIST LICENSE# _____

Person signing this authorization accepts sole responsibility for payment and agrees to pay all legal and collection costs in the event of suit, including reasonable fees. Pursuant to the provisions of Section 11, of the Texas State Dental Practice Act, This will authorize Westbrook laboratory to construct, alter or repair the restoration described on this requisition.

IMPORTANT LABORATORY EMAIL ADDRESSES

Paul Westbrook: pwestbrook@microdental.com

Vickie Westbrook: vwestbrook@microdental.com

Pictures: smilebywestbrook@microdental.com or

smilesbywestbrook@microdental.com

General Information:
westbrook@microdental.com

DESIRED ARTICULATOR Stratos 100 Other _____

If no articulator is specified, our standard will be used.

INSTRUCTIONS CALL ME (BEFORE PROCEEDING WITH CASE)

PLEASE SEND
 Rx's
 FedEx Airbills
 UPS Airbills
 Boxes

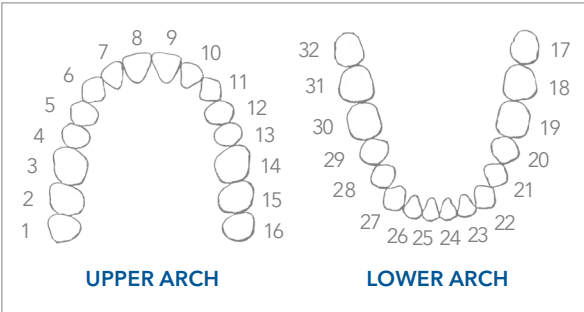
FOR LAB USE

800.718.3384 · WestbrookDentalLab.com

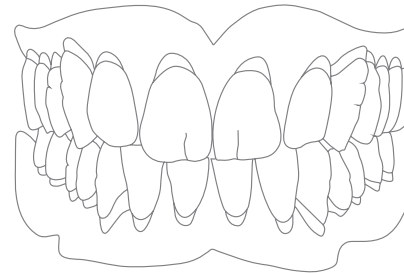
ALL PRODUCTS MADE IN THE USA White-Lab Copy. Pink-Doctor Copy 1303125_WBK_Rem_Rx

PHOTO COMMUNICATION

- Full Face Profile Repose/Rest Intra Oral
 Photos Included CD/Memory Stick Included
 Images Emailed to vwestbrook@dtidental.com



GINGIVAL BASE CHARACTERIZATION Shade Key



Candolor Aesthetic Colors 53 only
Ivocap Base Colors

- Pref Implant Pref US-D US-P US-L

PAPILLAMETER



High Lip Line _____mm

Low Lip Line _____mm

ANTERIOR TEETH

Mold _____

Shade _____

Arrangement

- Bold Soft Straight

POSTERIOR TEETH

- 0° 22°
 15° 33°

ESSIX APPLIANCE

Shade _____

Tooth # _____

COMPLETE PROSTHETICS

- Complete Denture
Includes custom tray, baseplate, occlusal rim, set-up, wax-up, two gingival base colors, Ivocap processing, standard denture teeth, process and finish. Billing stages include impression/records, setup, and finish.

PARTIAL PROSTHETICS

- Includes custom tray, occlusal rim, set-up, wax-up, two gingival base colors, Ivocap processing, standard denture teeth, process and finish. Billing stages include impression/records, setup, and finish.

- VisiClear Partial Denture
 DuraAcetal Flexible Partial
 Cast Partial/Dental-D Clasp
 Cast Partial/Valplast Clasp
 Valplast Partial Denture
 Acrylic Partial Denture

ORTHOTICS

- Bleach Tray
 Mouthguard Soft (Pressure Formed)
 Mouthguard Hard/Soft (Pressure Formed)
 Occlusal Splint (Thermoplastic)
 Occlusal Splint (Flat Plane)
 Occlusal Splint (Anterior Guiding Ramp)

MOUTH PROTECTION GUARD

- ActionGuard
 Light-Flex (Single-Layer)
 Semi-Flex (Double-Layer)
 Rigid-Pro (Triple-Layer)

BITE REGISTRATION

- CR Centric Relation
 Neuromuscular/Myocentric
 CO Centric Occlusion
 Other _____

- Framework Try-In
 Framework/Teeth Try-In
 Finish
 Spot Opposing
 Wax Occlusal Rim on Frame