valplast® Laboratory Services

℞ Laboratory Prescription

For Office Use Only:

Customer ID_____

Case ID_____

Schedule:

Valplast® Material Lot #:

Enclosures:

Shipping Notes:

Receive Dates:

Patient Name
or Reference (required)_____

Age:_____ Male_____Female_____

Material Selection

- ❑ Valplast®
- ❑ Valplast® With Metal Frame Combo

Valplast® Denture Base Resin Shade

- ❑ Standard Pink ❑ Light Pink ❑ Dark Pink
- ❑ Light Meharry ❑ Meharry ❑ Hard White

Type of Restoration (Check all that apply)

- ❑ Valplast® Partial Denture
- ❑ Valplast® Overdenture
- ❑ Valplast® Full Denture
- ❑ Valplast® & Metal Combo
- ❑ Valplast® Nightguard
- ❑ Valplast® Nesbit
- ❑ Valplast® Clasp Only
- ❑ Repair (Specify)
- ❑ Gum Veneer
- ❑ Tooth Addition
- ❑ Reline/Rebase
- ❑ Other (Specify) _____

Denture Teeth

Tooth Shade_____

- ❑ Square ❑ Square Tapering
- ❑ Tapering ❑ Ovoid

Tooth Brand/Type:_____

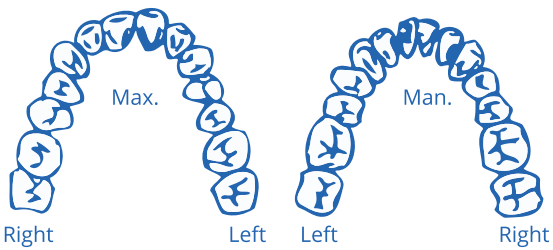
Special Preparation

- ❑ Immediate (Indicate teeth to extract): _____
- ❑ Alveoplasty_____

Phase to complete at this time:

1. ❑ Custom Tray
2. ❑ Frame-Only Try-In
3. ❑ Occlusal Rim
4. ❑ Try-In with Teeth
5. ❑ Process and Finish
6. ❑ Inject Only
7. ❑ Process Only
8. ❑ Adjust Denture

Diagram:



valplast® Laboratory Services

Rx Laboratory Prescription

Phone: 888.849.4093
Email: labservices@valplast.com
200 Shames Drive, Westbury, NY 11590

From: _____

Address: _____

Email: _____

Telephone Number: _____

Patient Reference (Name or Number): _____

Time Wanted

Mon.	Tues.	Wed.	Thurs.	Fri.

Written Instructions: _____

❑ Please Call To Discuss: (Provide Phone #)_____

Date Needed By: _____

Supplies Request: ❑ Rx Pads ❑ Delivery Bags ❑ Shipping Boxes

License Number _____

_____ Date _____, 20 _____

Personal Signature of Dentist