

SOUTH DAKOTA DENTAL LABORATORY PRESCRIPTION

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PATIENT (Case No. _____)

Name _____ Age _____ M _____ F _____

Square Vigorous Dom. R. L.
 Tapering Delicate Profile: _____
 Ovoid Soft Straight Curved

Date Sent _____

RETURN DATE _____

Time of Appt. _____

TRIAL _____

FINISH _____

Ortho _____
(Use Rx) _____

LAB _____

DOCTOR _____

City _____

State _____ Zip _____

PROSTHETICS (Check As Applies) **CROWN & BRIDGE**

	U	L
Full Denture		
Immediate Denture		
Duplicate Dent.		
Partial		
Bite Blocks		
Trays		
Gothic Arch		
Post Dam		
Palatal Relief		
Reline		
Repair		
Full Cast		
Wrought Wire		
Cast Skeleton		

Indicate Pontic
And Case Structure

Bridge — No. Units	
Acrylic Jacket	
Acrylic Metal	
Porcelain Jacket	
Porcelain & Metal	
Porcelain Occlusal	
Porc. on Buccal Cusp.	
Cast Crown	
Inlay	
3/4 Crown	
Onlay	
Precision Attachment	
Stress Breaker	



MATERIALS & MANUFACTURERS

Anteriors: Acry. Porc. Mold _____

Posteriors: Acry. Porc. Mold _____ Type _____

Denture Base: _____

Mfgr. Acry./Porc. _____

Type/Mfgr. Metal: _____

Shade/Shadeguide _____



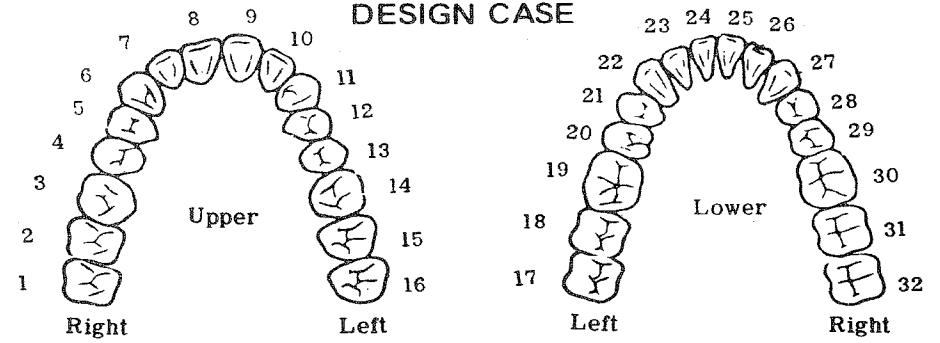
Characterization — Mold

RIDGE RELIEF
 NONE SLIGHT FULL RIDGE
 MED. HEAVY

PONTIC DESIGN
 NO RIDGE PARTIAL RIDGE POINT CONTACT NO CONTACT

CONTACTS:
 OPEN CLOSED

DESIGN CASE



D.D.S. Lic. # _____

STATE LAW REQUIRES YOU KEEP COPY TWO YEARS