Full Denture Rx

(434) 282-4862 or admin@paramountdentalstudio.com

PARAMOUNT
DENTAL
STUDIO

1. Patient _____
2. Gender ☐ Male / ☐ Female
3. Age _____

4. Doctor _____
5. License No _____
6. Phone _____
7. Date sent ___ / ___ / ___

8. Restorative arch(es)

UPPER ARCH
☐ New full denture
☐ Immediate full denture
☐ Copy/Reference denture
　☐ This is an exact copy
　　(if not, please specify
　　changes in question 18)
☐ Is this an overdenture?

LOWER ARCH
☐ New full denture
☐ Immediate full denture
☐ Copy/Reference denture
　☐ This is an exact copy
　　(if not, please specify
　　changes in question 18)
☐ Is this an overdenture?

9. Items for next appointment

☐ Wax bite rim(s)
☐ Try-in(s)
　(3D-printed, monolithic,
　BL4 tooth shade)
☐ Final(s)

IF THE NEXT APPOINTMENT IS FOR EITHER TRY-IN(S) OR FINAL(S), PLEASE ANSWER QUESTIONS 10–13:

10. Bite correction

☐ Leave bite as is
☐ Open bite by _____ mm
☐ Close bite by _____ mm

11. Midline correction

(if both arches, correct upper)
☐ Leave midline as is
☐ Shift midline right by _____ mm
☐ Shift midline left by _____ mm

12. Occlusal scheme

☐ Correct occlusal scheme to class 1

13. Post dam

☐ Add post dam (Lab default)

PLEASE ANSWER QUESTIONS 14–17 AT YOUR EARLIEST OPPORTUNITY.
WE NEED THESE ANSWERS TO MAKE FINALS:

14. Quality

☐ **Value** (Lab default for immediates)
☐ **Premium** (Lab default for non-immediates)
☐ **Ultimate**

15. Tooth shade

Tooth shade _____
(only Vita Classical shades)

16. Tissue shade

☐ **Light pink**
☐ **Original Pink** (Lab default)
☐ **Dark Pink**

17. Name in denture

☐ Add name in denture

18. Additional Notes

_____
_____
_____
_____