

# Partial & Denture Rx

Laboratory Prescription  
R1100.2 - 08.2025

## Required Information

Doctor Name \_\_\_\_\_

Doctor Signature \_\_\_\_\_

License Number \_\_\_\_\_

Practice Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

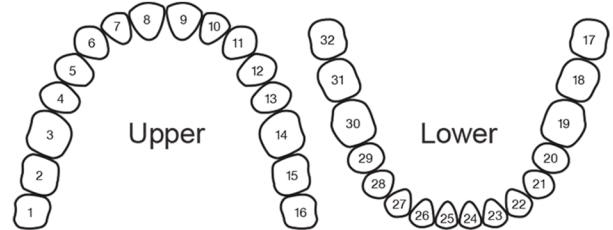
Patient Name \_\_\_\_\_

☐ M ☐ F DOB \_\_\_\_\_

Date Sent \_\_\_\_\_ Date Due \_\_\_\_\_ Pt Appt Time \_\_\_\_\_

Case turnaround times are based on the date the Rx is received by Johns Dental Lab.

☐ I am a New Customer ☐ Please Contact Me on this Case



## Partial Denture

### Next Appointment

Upper Lower

- ☐ ☐ Alcast Veneers
- ☐ ☐ Design & Estimate Only (No Charge)
- ☐ ☐ Flexible Partial
- ☐ ☐ Set Up with Teeth
- ☐ ☐ Set Up and Finish
- ☐ ☐ Duraflex ☐ ClearMet
- ☐ ☐ Acetal Resin
- ☐ ☐ Framework
- ☐ ☐ Bite Rim ☐ Set Up with Teeth
- ☐ ☐ Set Up and Finish
- ☐ ☐ Framework Only: Tryin

- ☐ Anterior/Posterior Coverage
- ☐ ☐ Bite Restorer
- ☐ ☐ Bite Rim ☐ Clear Acrylic Occl
- ☐ ☐ Composite Occl (Check one)
- ☐ ☐ Finish ☐ Metal Occl
- ☐ Posterior Coverage Only

### Clasps

- ☐ Acetal Resin
- ☐ Akers
- ☐ As Survey Indicates
- ☐ Bent Wire
- ☐ ClearMet
- ☐ RPI
- ☐ Roach
- ☐ Saddle-Lock

### Material

- ☐ Acetal Resin
- ☐ ClearMet
- ☐ Metal (Chromium Cobalt; Nickel Free)
- ☐ Standard Acrylic
- ☐ Duraflex
- ☐ TrueDent™\*

### Next Appointment All Acrylic

- ☐ Anterior Setup ☐ Bite Rims
- ☐ Custom Tray ☐ Setup Tryin
- ☐ Surgical Stint ☐ Tracer

### Connectors

Upper

- ☐ Horseshoe
- ☐ Palatal Bar
- ☐ Double Palatal Bar

Lower

- ☐ Lingual Plate
- ☐ Lingual Bar
- ☐ Double Lingual Bar

## Full Denture

### Type of Case

Full

☐ Upper ☐ Lower

Immediate

☐ Upper ☐ Lower

### Dentures

- ☐ Economy
- ☐ Standard
- ☐ Premier
- ☐ Copy Denture
- ☐ TrueDent™3D\*

### Tissue

- ☐ Standard (Pink)
- ☐ Ethnic (Moderate)
- ☐ Other \_\_\_\_\_

### Finish

- ☐ Denture I.D.
- ☐ Rugae
- ☐ Postdam
- ☐ Smooth
- ☐ Palatal Relief
- ☐ Stipple

### Repair, Reline, or Reproduce

- ☐ Upper ☐ Lower
- ☐ Hard Reline ☐ Soft Reline
- ☐ Repair ☐ Reproduce/Rebase

Tooth Shade \_\_\_\_\_

Tooth Mould \_\_\_\_\_

Posterior Tooth Type \_\_\_\_\_

- ☐ Economy Teeth ☐ Premium Teeth
- ☐ Vigorous ☐ Delicate

\*(TrueDent™: Monolithic, Full Color, 3D Printed Product)

## Special Instructions



- Accounts are due and payable upon receipt of monthly statement. All amounts not paid by the 23rd day of the month following the statement date are subject to a service charge on the unpaid balance at the rate of 2% per month (24% per annum).
- Accounts not paid within these credit terms will be subject to C.O.D status.
- Client pays in full the stated price of the goods, plus any service charges, plus all costs of collection including attorney's fees, court cost, & other reasonable expenses.