DW DENTAL SOLUTIONS

DENTURE PRESCRIPTION

DETAILED CLINICAL INSTRUCTIONS

571-429-1866 info@dwdigitaldental.com dwdigitaldental.com

Doctor _____ **Practice** _____

Patient / case ID _____ **Office phone / email** _____

Rx date _____ **Due in office (date / time)** _____ **ARCH** ☐ U ☐ L ☐ Both

CASE TYPE & WORK REQUESTED

☐ Full denture ☐ Immediate denture
☐ Acrylic partial / flipper ☐ Flexible partial
☐ Metal framework partial ☐ Nesbit

STAGE / SERVICE

☐ Custom tray ☐ Bite rim ☐ Setup
☐ Framework ☐ Frame try-in
☐ Wax try-in ☐ Process & finish
☐ Repair ☐ Reline ☐ Other

TEETH, ESTHETICS & BASE

☐ Standard teeth ☐ Premium teeth*

Shade: anterior _____ **Posterior** _____

Mold / size _____

Arrangement ☐ Ideal ☐ Characterized

Midline shift / direction (mm) _____

Incisal length change (mm) _____

Lip support / buccal corridor _____

Gingival shade / base detail _____

Characterization / spacing: specify below.

PARTIAL DENTURE DESIGN

UPPER CONNECTOR

☐ Palatal strap ☐ A-P strap
☐ Full palatal plate ☐ Horseshoe

LOWER CONNECTOR

☐ Lingual bar ☐ Lingual plate

Material / alloy _____

Clasp type / tooth # _____

Rest seats / tooth # _____

OCCLUSION & JAW RELATION

POSTERIOR OCCLUSAL SCHEME

☐ Bilateral balanced ☐ Lingualized
☐ Monoplane ☐ Other (specify below)

VDO ☐ Maintain ☐ Change _____ mm

Change direction / record reference: specify below.

Mount to ☐ CR record ☐ MIP record

Overjet / overbite (mm) _____

Opposing dentition / prosthesis _____

Repair / reline / attachment details _____

TOOTH SELECTION & ENCLOSED RECORDS

Teeth to replace / add # _____

Teeth to remove on model # _____ ☐ Call before removing teeth

☐ Scan ☐ Impression ☐ Model ☐ Bite record ☐ Existing denture ☐ Photos

SPECIAL INSTRUCTIONS / DESIGN SKETCH

Dentist's signature _____ **License #** _____

*Premium: Ivoclar premium resin teeth or a comparable grade.

Digital cases: a model-printing fee may apply when a physical model is required.