

•REMOVABLES Rx•

**PENINSULA**

main: 408.320.1883 • fax: 408.320.1897  
 2976 Scott Blvd. • Santa Clara, CA 95054  
 email: customerservice@pcidlab.com  
 www.pcidlab.com

*Cosmetic and Implant Dental Lab*

Dr. \_\_\_\_\_ Date \_\_\_\_\_

Phone \_\_\_\_\_ **Due Date**

Patient \_\_\_\_\_

Sex:  M  F Age: \_\_\_\_\_

Wax Bite	Try-in	Finish

**REMOVABLE RESTORATIONS**

- Upper  Lower  Unilateral  Finish  Try-in  Wax Bite

**Type**

- Full Denture  
 Partial Denture (Chrome)  
 Flexible Partial Denture (TCS)  
 Immediate Denture  
 Stayplate

**Clasp Type**

- Ball clasp  
 Wire clasp

**Reinforcement**

- Wire  Mesh  
 Fiber  
 Metal

**OTHER**

- Splint (Occlusal)  Snoring Device  
 Nightguard  Hard  Soft  Hawley Retainer  
 Mouthguard  Custom tray  
 Surgicalguard  Base Plate Bite Rim  
 Bleaching Tray  Hard  Soft  Denture ID

**REPAIRS**

- Reline  Rebase  
 Soft Reline  Simple Repair  
 Add Tooth

**R<sub>x</sub> INSTRUCTIONS**

Lab use only

-----

-----

-----

-----

-----

-----

-----

-----

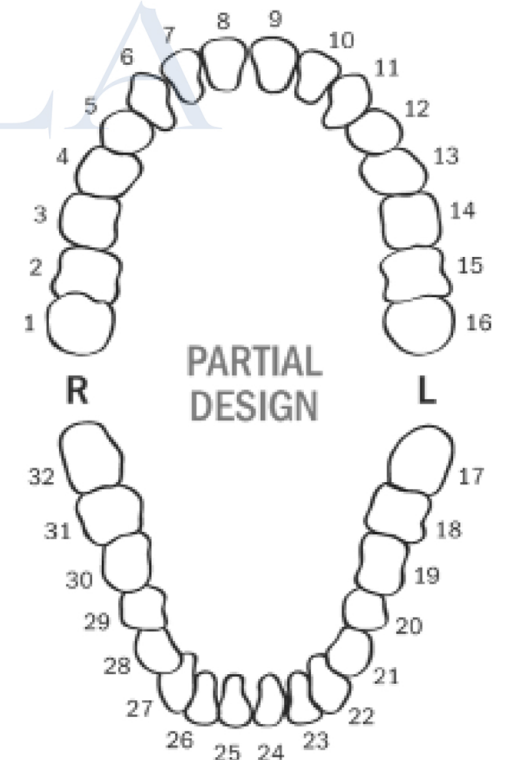
-----

**Facial Forms**

- Square  
 Tapering  
 Square Tapering  
 Oval

**Post Dam**

- Butterfly  
 \_\_\_\_\_



Doctor's Signature \_\_\_\_\_