Harbour Dental Lab
BUILD THE BRIDGES

Rx Form

02 8456 3470
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Suite 103, 36-38 Egerton Street, Silverwater NSW 2128

DOCTOR INFO

DR.NAME: _____

GROUP / PRACTICE NAME: _____

Phone: _____ Email: _____

PATIENT INFO

First name: _____ ■ Female Age: _____

Last name: _____ ☐ Male

Due date: _____ Date sent: _____

CROWN & BRIDGE

- ☐ Full Zirconia
- ☐ High Translucent Zirconia
- ☐ Porcelain Fused to Zirconia
- ☐ Emax Crown
- ☐ Emax Veneer
- ☐ Full Metal
- ☐ Porcelain Fused to Metal

☐ Non-Precious
☐ Semi-Precious
☐ High Noble

IMPLANT

Implant System _____

Implant Platform _____

- ☐ Custom Titanium Abutment
- ☐ Ti Base
- ☐ Screw Retained
- ☐ Cement Retained

DENTURE

ARCH

☐ UPPER ☐ LOWER

STAGE

☐ TRY-IN ☐ FINISH ☐ IMMEDIATE

TYPE OF TEETH

- ☐ Pro Standard
- ☐ Aesthetic (Cosmetic)

TYPE OF DENTURE

- ☐ Cast Metal Framework
- ☐ Flexible
- ☐ Acrylic

OTHER/ SPECIFY BRAND

_____

TYPE OF CLASP FOR ACRYLIC

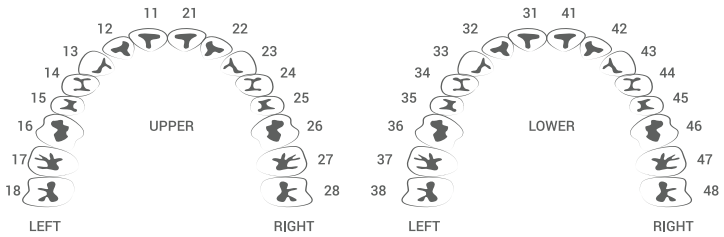
_____

APPLIANCE

☐ UPPER ☐ LOWER

- ☐ Soft Nightguard
- ☐ Hard Nightguard
- ☐ Hard/Soft Nightguard
- ☐ Essix Retainer
- ☐ Hawley Retainer
- ☐ Space Maintainer

FRAMEWORK DESIGN



SPECIAL INSTRUCTIONS

FINAL SHADE _____

STUMP SHADE _____
must for all ceramic

NOTE

ENCLOSED WITH CASE

- _____ MODEL
- _____ SHADE TAB
- _____ BITE
- _____ IMPRESSION
- _____ PHOTO
- _____ TEETH
- _____ ARTICULATOR

OTHERS

_____

OCCLUSAL CONTACT

No ☐ Light ☐ Heavy ☐

PONTIC DESIGN

☐ ☐ ☐ ☐ ☐

IF NO OCCLUSAL CLEARANCE

☐ Call Doctor ☐ Adjust Opposing ☐ Adjust Prep ☐ Metal Stop/Occlusion