



Please send digital images to: photos@mcdowell-service.com

## Removable Prosthodontics & Orthodontics Prescription

PLEASE TICK AS APPROPRIATE

Dentist .....

Address .....

.....

.....

.....

Patient .....

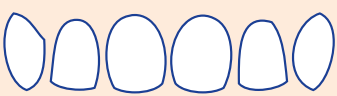
Male  Female  Age .....

Acc. No. ....

E-mail .....


Shade .....

Mould .....



Stains & Characterisations

**Charting**



**Prosthetics / Chrome**

Special Tray Date: .....

Perforated  Non-Perforated

Wax Rim Date: .....

Wax Base  Light Cure Base  Heat Cure Base

Cobalt Chrome

Titanium Date: .....

Gold Framework

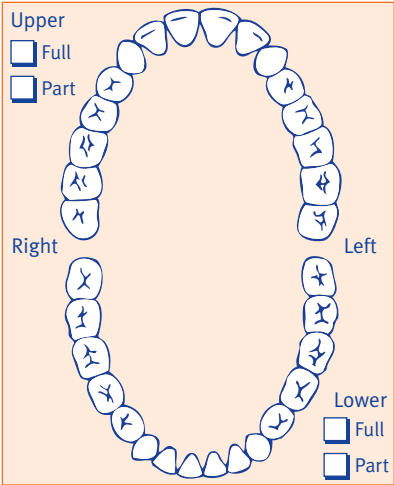
Try-In Date: .....

Tooth Coloured Clasps Shade: .....

Gold Clasps

Stainless Steel Clasps

Re-Try Date: .....



**Prosthetics / Chrome**

**PROCESS/FINISH DATE REQUIRED:** .....

SR Ivocap Injection Moulded

Pegasus Plus  Lucitone

Valplast (Flexible)  Soft Lining

Enigma Gingival Tint

Reline, Cold Cure  Reline, Heat Cure

Repairs  Addition Date Required: .....

**Implantology**

Please Specify: .....

Custom-made Special Tray Date: .....

Stabilised Bite Date: .....

Surgical Stent Date: .....

Diagnostic Try-In Date: .....

Try-in Screw Retained Beam Date: .....

Finish Implant Denture Date: .....

**Orthodontics**

Ortho Appliances  
Please Specify: .....

Sports Mouthguard

Clear  Coloured

Essix  Hawley

Bleaching Tray

Michigan Splint

Tanner Appliance

Soft Bite Splint

Hard Pressure Formed Splint

Acrylic Splint

Erkoloc Hard / Soft Splint

Anti Snoring Device

Study Models Basic **DATE REQUIRED:** .....

Study Models Angles Trimmed .....

**Case Instructions**

Impressions Disinfected: YES  NO

**SURGEON'S SIGNATURE** .....

**ENCLOSURES**

ALGINATE U/L  BITE  STUDY MODELS  COMPONENTS  OTHER

RUBBER U/L  PHOTO  ARTICULATOR  BITE FORK /FACE-BOW

**Contract review order accepted on sight of positive model**

SIGNED (Technician) ..... DATE .....