

# SOUTH DAKOTA DENTAL LABORATORY PRESCRIPTION

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**PATIENT** (Case No. \_\_\_\_\_)

Name \_\_\_\_\_ Age \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Square  Vigorous  Dom. R.  L.   
 Tapering  Delicate  Profile: \_\_\_\_\_  
 Ovoid  Soft  Straight  Curved

Date Sent \_\_\_\_\_

**RETURN DATE** \_\_\_\_\_

Time of Appt. \_\_\_\_\_

**TRIAL** \_\_\_\_\_

**FINISH** \_\_\_\_\_

Ortho \_\_\_\_\_  
(Use Rx) \_\_\_\_\_

**LAB** \_\_\_\_\_

**DOCTOR** \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

**PROSTHETICS** (Check As Applies) **CROWN & BRIDGE**

	U	L
Full Denture		
Immediate Denture		
Duplicate Dent.		
Partial		
Bite Blocks		
Trays		
Gothic Arch		
Post Dam		
Palatal Relief		
Reline		
Repair		
Full Cast		
Wrought Wire		
Cast Skeleton		

Indicate Pontic  
And Case Structure

Bridge — No. Units	
Acrylic Jacket	
Acrylic Metal	
Porcelain Jacket	
Porcelain & Metal	
Porcelain Occlusal	
Porc. on Buccal Cusp.	
Cast Crown	
Inlay	
3/4 Crown	
Onlay	
Precision Attachment	
Stress Breaker	



**MATERIALS & MANUFACTURERS**

Anteriors: Acry.  Porc.  Mold \_\_\_\_\_

Posteriors: Acry.  Porc.  Mold \_\_\_\_\_ Type \_\_\_\_\_

Denture Base: \_\_\_\_\_

Mfgr. Acry./Porc. \_\_\_\_\_

Type/Mfgr. Metal: \_\_\_\_\_

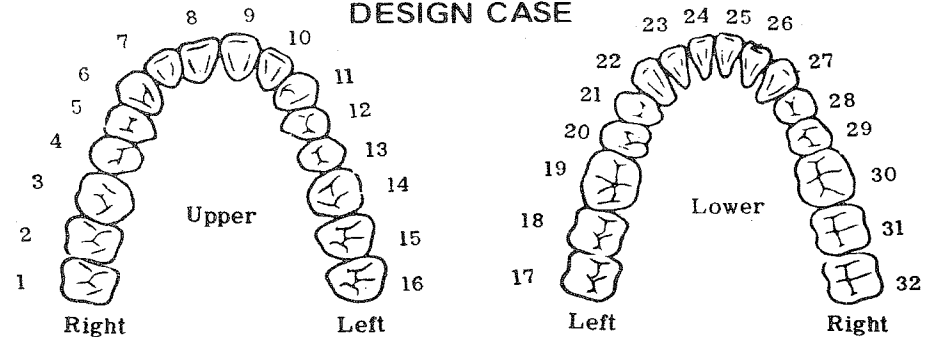
Shade/Shadeguide \_\_\_\_\_



Characterization — Mold

- |   |                                 |                                     |  |                                   |  |                                     |
|---|---------------------------------|-------------------------------------|--|-----------------------------------|--|-------------------------------------|
| <input type="checkbox"/> NONE   | <input type="checkbox"/> SLIGHT | <input type="checkbox"/> FULL RIDGE | <input type="checkbox"/> PARTIAL RIDGE | <input type="checkbox"/> NO RIDGE | <input type="checkbox"/> POINT CONTACT | <input type="checkbox"/> NO CONTACT |
| <input type="checkbox"/> MED.   | <input type="checkbox"/> HEAVY  |                                     |  |                                   |  |                                     |
| CONTACTS: OPEN <input type="checkbox"/> CLOSED <input type="checkbox"/> |                                 |                                     |  |                                   |  |                                     |

**DESIGN CASE**



D.D.S. Lic. # \_\_\_\_\_

**STATE LAW REQUIRES YOU KEEP COPY TWO YEARS**