

Lucitone Digital Print Denture Rx Order Form

Date: _____

LAB INFORMATION

OFFICE INFORMATION

Dr.: _____

Phone #: _____

Email: _____

SHIPPING ADDRESS

Address 1: _____

Address 2: _____

City: _____ State: _____

Zip/Postal Code: _____ Country: _____

BILLING ADDRESS Same as above

Address 1: _____

Address 2: _____

City: _____ State: _____

Zip/Postal Code: _____ Country: _____

PATIENT INFORMATION

Name: _____

Age: _____ Male Female

Patient number/internal reference: _____

BRIEF TREATMENT DESCRIPTION (Please describe patient's classification)

PRODUCT

| | Upper | Lower |
|--------------------------------|--------------------------|--------------------------|
| Lucitone Digital Try-In | <input type="checkbox"/> | <input type="checkbox"/> |
| Lucitone Digital Print Denture | <input type="checkbox"/> | <input type="checkbox"/> |

Select appropriate patient scenario and follow checklist to ensure laboratory has proper records:

Existing Denture Patient

- Existing denture with wash impression and bite registration
- Indicate any changes to the existing denture in notes section below
- Patient photos

New Denture Patient

- Final impressions
- Bite rims with stabilized baseplates
- Mark mid-line, mark distal of cuspids and verify lip support
- Patient photos

DENTURE SPECIFICATIONS

Tooth Brand

Lucitone Digital IPN™ IPN 3D™
DS Multilayer PMMA Lucitone Digital Value™

Occlusion

Balanced
Lingualized

Tooth Shade

16 A-D, BL1, BL3

Specify: _____

Base Shade

Original Original Opaque
Light Light Reddish Pink
Dark Reddish Pink

WIDTH ON CURVE

_____mm

Distal Canine-to-Distal Canine Measurement. (This measurement will be used to select proper mould size, particularly for new denture patients.)

ADDITIONAL OPTIONS

| | Upper | Lower | None |
|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Stippling | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Rugae | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Follow impression vestibule anatomy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name engraving | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other: _____ | | | |

ORDER INFORMATION

Due Date: _____

CLINICIAN SIGNATURE

NOTES

