

TeethXpress® Laboratory Prescriptions

Restorative Doctor		Practice Name		Surgeon	
Address		State		Zip Code	Country
Phone Number		Email			
					Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Patient Name					

Screw-Retained Hybrid Denture Abutment Level

Ridge Design Touch-Ridge Off-Ridge ___mm

Experience with this type of prosthesis

- Beginner
 Intermediate
 Advanced

RX FOR PHASE 2 - SURGERY & DENTURE CONVERSION

Once the surgery date has been scheduled, complete this section and send to lab.

Denture <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Both	Immediate Denture <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Both	Ship To <input type="checkbox"/> GP <input type="checkbox"/> Surgeon	Charge To <input type="checkbox"/> GP <input type="checkbox"/> Surgeon	Shade Mold _____ Tissue Shade _____ <input type="checkbox"/> Pre-Op Photo Series	Open VDO <input type="checkbox"/> Yes _____mm <input type="checkbox"/> No
<input type="checkbox"/> Clear Acrylic Duplicate <input type="checkbox"/> Bone Reduction Guide <input type="checkbox"/> Provide two bites		Ship To <input type="checkbox"/> GP <input type="checkbox"/> Surgeon	Charge To <input type="checkbox"/> GP <input type="checkbox"/> Surgeon	Due Date _____ Surgery Date _____ Surgery Time _____	

RX FOR CHANGES FROM CONVERTED DENTURE TO FINAL

At the Phase 2 - One Month Restorative Follow-up Visit,

- Evaluate the patient
 Take photos
 If changes from the Converted Denture to the Final are needed, send completed Rx section and photos to lab

Vertical Dimension Correct <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Remount with new bite <input type="checkbox"/> Open <input type="checkbox"/> Close _____mm	Overjet Cervical <input type="checkbox"/> Bring out facially _____mm <input type="checkbox"/> Bring out lingually _____mm Incisal Edge <input type="checkbox"/> Bring out facially _____mm <input type="checkbox"/> Bring out lingually _____mm
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Maxillary Midline <input type="checkbox"/> Approved <input type="checkbox"/> Move to the Pt left _____mm <input type="checkbox"/> Move to the Pt right _____mm
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Mandibular Midline <input type="checkbox"/> Approved <input type="checkbox"/> Move to the Pt left _____mm <input type="checkbox"/> Move to the Pt right _____mm

Maxillary Incisal Edge Position <input type="checkbox"/> Approved <input type="checkbox"/> Move to the Pt left _____mm <input type="checkbox"/> Move to the Pt right _____mm
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Mandibular Incisal Edge Position <input type="checkbox"/> Approved <input type="checkbox"/> Move to the Pt left _____mm <input type="checkbox"/> Move to the Pt right _____mm

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RX FOR PHASE 3 - RESTORATIVE VISIT 1

When the patient is ready to be restored, please complete these steps: Give us authorization to proceed with this case

Fill out and return this section of the Rx form

Return these items if you kept them at the time of conversion: Multi-unit abutment models

Articulated models

Bite Rim / Matrix

+ Five* days in Lab =

Doctor's Signature

Today's Date

Due Date

License Number

* Does not include shipping (two days), weekends, or holidays

RX FOR PHASE 3 - RESTORATIVE VISIT 2

At the Phase 3 - Restorative Visit 1, seat the verification jig

Lute verification jig and make final impression with provided custom tray

Duplicate the temporary with provided putty material

Fill out and return this section of the Rx form

NOTES:

+ Fifteen* days in Lab =

Doctor's Signature

Today's Date

Due Date

License Number

* Does not include shipping (two days), weekends, or holidays

RX FOR PHASE 3 - RESTORATIVE VISIT 3

At the Phase 3 - Restorative Visit 2, complete Try-in

Try in the frame with wax setup (If the matrix you sent us is not accurate, your next appointment will have to be a bite rim Try-in)

Fill out and return this section of the Rx form

NOTES:

+ Seven* days in Lab =

Doctor's Signature

Today's Date

Due Date

License Number

* Does not include shipping (two days), weekends, or holidays.

PHASE 3 - RESTORATIVE VISIT 3

Final prosthesis delivery

Take pictures to add to portfolio

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