



8445 Community Lane · Las Vegas, NV 89121

800-936-1848 | Fax 800-936-5161

lvddslab.com

Dr. Name _____ Acct. # _____

Phone # _____ Email _____

Address _____ City/State/ZIP _____

Patient ID/Name _____ First _____ Last _____

Enclosed with case: Impressions Models Bite Registration Photos Other: _____

Deliver by 5 p.m. on _____

WEB Rx



Signature _____

Submission of this Rx constitutes agreement with limited warranty terms and conditions.

See reverse for details.

License # _____ Date _____

DENTURES/FLIPPERS/FLEXIBLE PARTIALS

Denture

- Handcrafted
 Digital (3D-printed)
 Immediate
 3D-printed
 Handcrafted
 Copy (3D-printed)

Partial

- Flipper
 tcs
 Valplast
 DuraFlex
Select Phase
 Custom tray
 Setup try-in
 Bite rim
 Finish

Digital Teeth Shade _____ Mould _____

Kenson Teeth (Standard)
Shade _____ Mould _____

Premium Brand Teeth (extra charge)
Shade _____ Brand _____ Mould _____

Tooth Setup

- Ideal Characterized Study model Masculine Feminine Age _____

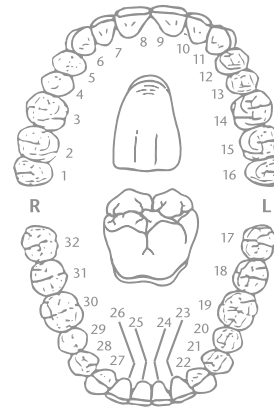
Gingival Shade

- Std. G1 Med. G3 Dark G4 Lt. Pink Lt./Dark Pink Std. Dark Pink

Flexible Partial Shade

- Std. Dark Pink

TOOTH NUMBER



FINAL SHADE



Indicate Shade Here

PRESENT TOOTH OR STUMP SHADE



Indicate Shade Here

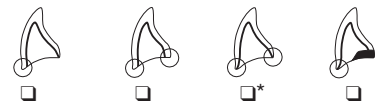
OCCUSAL STAINING

- Light** Med Dark None

PONTIC DESIGN



MARGIN AND METAL DESIGN



PARTIALS WITH CROWNS

- Fabricate RPD to fit restoration
 Future RPD
 SLM-printed cobalt chrome frame
 Valplast Attachments
 Obsidian Non-Precious
 Obsidian Noble
 BruxZir Full-Strength* (> 1,000 MPa)
 BruxZir Esthetic (870 MPa)

SIMPLY NATURAL METAL PARTIALS

- Frame Material
 SLM-printed cobalt chrome frame
Esthetic Clasp Material (extra charge applies)
 Valplast/SLM-printed cobalt chrome frame
 tcs/SLM-printed cobalt chrome frame
 Lab select complete design
Phase
 Metal frame try-in
 Printed frame try-in
 Frame w/occlus. rim
 Frame w/setup try-in
 Finish
 Scan/Save File (extra charge applies)

- CAD/CAM-milled acetal partial

Color: _____

TERMS AND WARRANTY INFORMATION



All Restorations Made in the USA

We honor VISA, MASTERCARD, AMEX and DISCOVER.

TERMS: Cost of collection of any account will be paid by the customer. All accounts are payable within 30 days of statement date. Accounts not paid within the stated terms will be subject to COD status and a late charge of 2 percent of the unpaid balance. Prices subject to change without notice. Rx must be enclosed with original case submission.

NO-FAULT REMAKE POLICY: Las Vegas Digital Dental Solutions is pleased to process all remakes or adjustments at no additional charge if requested within the warranty period and accompanied by the return of the original appliance.

LIMITED WARRANTY/LIMITATION OF LIABILITY. For warranty terms and conditions and limitation of liability, visit lvddslab.com/policies-and-warranty.

PREPARATION GUIDELINES

REST PREPARATIONS

Occlusal Rest



1/3 width of faciolingual,
1/2 width of cusp tips

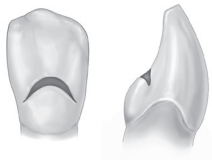


Rest depth at least 1 mm

Channel Rest



Inverted V Rest



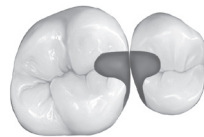
Guide Plane



Retentive Prep



Interproximal Preparation



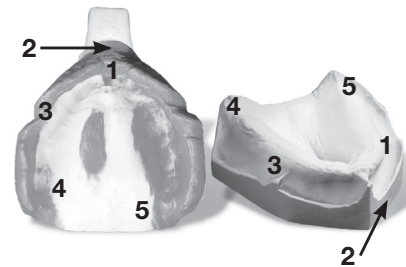
Occlusal rests only



Rests with
buccal/lingual access

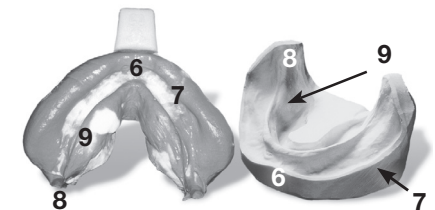
IMPRESSIONS/MODEL

Maxillary Arch



1. Incisive papilla
2. Labial frenum
3. Buccal frenum
4. Maxillary tuberosity
5. Hamular notch

Mandibular Arch



6. Labial frenum
7. Buccal frenum
8. Retromolar pad
9. Mylohyoid ridge

Recommended Impression Materials:

- Vinyl polysiloxane (Capture[®], Imprint[™], Take 1[™], Aquasil, Splash![®], etc.) – light, regular or monophasic viscosities recommended
- Polyether (Impregum[™], Permadyne[™])