

Removable Prescription

Case Number

Dental Professional: _____ License # _____

Patient Name: _____

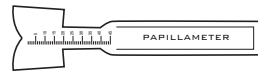
Male Female Age _____

_____ Photos

_____ Pre-extraction casts

_____ Existing denture duplication

Papillameter



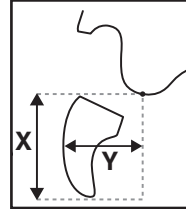
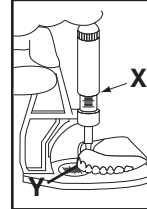
High Lip Line _____ mm

Low Lip Line _____ mm

Denture Tooth Selection

| (A-D Shades) | Vivodent® PE Shades | Chromoscop® Shades |
|---|--|---|
| Anterior | Anterior | Anterior |
| <small>SR</small> PHONARES®NHC <small>SR</small> BlueLine®DCL | <small>SR</small> Vivodent®PE Vivoperl™PE | <small>SR</small> Vivodent® DCL <small>SR</small> Vivodent® |
| Posterior | Posterior | Posterior |
| <small>SR</small> PHONARES®Typ 22° <small>SR</small> PHONARES®Lingual 15° <small>SR</small> Orthoplane®DCL 0° <small>SR</small> Ortholingual®DCL 15° <small>SR</small> Orthotyp®DCL 22° <small>SR</small> Postaris 33° | <small>SR</small> Orthotyp®PE 22° <small>SR</small> Orthosit®PE 22° Vivoperl™ Orthotyp 22° | <small>SR</small> Orthoplane®DCL *0° <small>SR</small> Ortholingual®DCL *15° <small>SR</small> Orthotyp® 22° <small>SR</small> Postaris® 33° |
| Anterior Mould: Upper _____ Lower _____ Shade _____ | | |
| Posterior Mould: Upper _____ Lower _____ Shade _____ | | |

Denture Gauge



Y = _____ mm

X = _____ mm

Denture Base

- SRIvocap® Injection
- ProBase®
- Conventional

Shade (circle one)

US-P US-D US-L

Preference Implant Preference

Instructions _____

