

Removable Prescription

Case Number

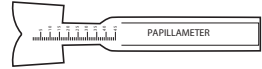
Dental Professional: _____ License # _____

Patient Name: _____

Male Female Age _____

- _____ Photos
 _____ Pre-extraction casts
 _____ Existing denture duplication

Papillameter



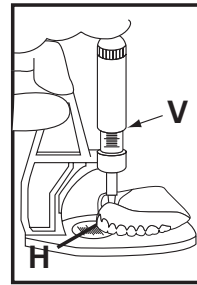
High Lip Line _____ mm

Low Lip Line _____ mm

Denture Tooth Selection

A-D Shades	Vivodent® PE Shades	Chromoscop® Shades
Anterior	Anterior	Anterior
Phonares® II BlueLine® DCL Vivodent® S DCL Ivostar®	^{SR} Vivodent® S PE	^{SR} Vivodent®
Posterior	Posterior	Posterior
Phonares II Typ 22° Phonares II Lingual 15° ^{SR} Orthoplane 0° ^{SR} Ortholingual 15° ^{SR} Orthotip 22° ^{SR} Orthotyp® S DCL 22° ^{SR} Ortholingual® S DCL 15° Gnathostar ^{SR} Orthotyp® 22°	^{SR} Orthotyp® S PE 22° ^{SR} Orthosit® S PE 22° <small>*Only available in Canada</small>	^{SR} Orthotyp® 22°
Anterior Mould: Upper _____ Lower _____ Shade _____		
Posterior Mould: Upper _____ Lower _____ Shade _____		

Denture Gauge



Vertical (V) =
 (U) _____ mm
 (L) _____ mm

Horizontal (H) =
 (U) _____ mm
 (L) _____ mm

Denture Base

- ^{SR}IvoBase®
 ^{SR}Ivocap® Injection
 ProBase®
 Conventional

IvoBase Shade (circle one)
 Pink Pink V Pink V Implant

Ivocap and ProBase Shade (circle one)
 US-P US-D US-L
 Preference Implant Preference

Instructions _____

ivoclar