



# Lord's Dental Studio, Inc.

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Doctor's Name \_\_\_\_\_ Date \_\_\_\_\_

Group Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Patient Last Name | \_\_\_\_\_

Patient First Name | \_\_\_\_\_

Age \_\_\_\_\_ Male / Female Ethnic Group: \_\_\_\_\_

Please call - phone # \_\_\_\_\_

Comments \_\_\_\_\_

## INSTRUCTIONS

# Removable Rx

## DENTURE

CASE TYPE F/ /F P/ /P

### Procedure

- Custom Tray  Set-up/try-in  Reline
- Bite Rims  Finish  Rebase
- Repair

### Baseplate

- \* Light Cure  IVOCAP Process
- Eclipse  Lucitone Process

## TEETH TYPE

### Type

- Dentsply Bioform (*Signature*<sup>™</sup>)
- Dentsply Trublend (*Signature*<sup>™</sup>)
- Dentsply Bioblend (*Signature*<sup>™</sup>)
- Dentsply Portrait (*Signature*<sup>™</sup>)
- Ivoclar BlueLine (*Signature*<sup>™</sup>)
- Dentsply Economy
- Porcelain
- Other \_\_\_\_\_

SHADE Ant \_\_\_\_\_ Post \_\_\_\_\_

Shade Guide Used: \_\_\_\_\_

MOLD Ant \_\_\_\_\_ Post \_\_\_\_\_

## FACIAL CHARACTERISTICS

- Square Tapering  Square
- Tapering  Ovoid

## READINGS

Alameter: \_\_\_\_\_

Papillameter: \_\_\_\_\_

Alma Gauge: \_\_\_\_\_

Lip Length marked on bite rim:  Yes  No

## BASE

- \* SR Ivocap Injection  Fricke HI
- 199 Success Injection  Ethnic:
- Lucitone 199  Light  Medium  Dark
- Eclipse<sup>™</sup> (Luc Dk) (52) (51)

## SOFTLINER

- Luci-Sof  Permasoft

## TECHNIQUE

- Neutral Zone (Dr. Massad Technique)
- Signature*<sup>™</sup> (Lords' Premium Denture)
- Characterized
- Other \_\_\_\_\_

★Check here for a complimentary Ethnic Acrylic Shade Guide

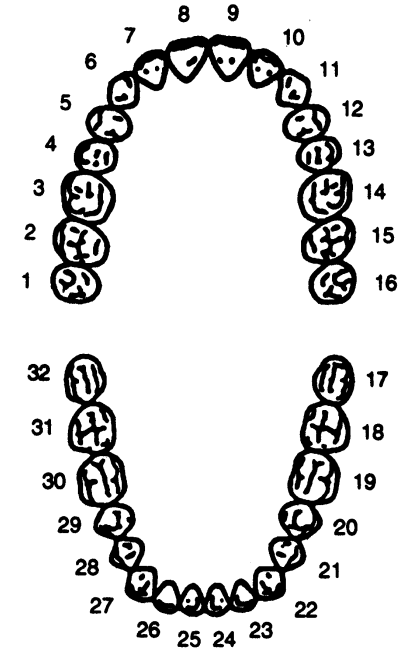
\*Lords' Standard

## PARTIAL

## METAL DESIGN/TYPE

### Metal

- \* Wironium<sup>™</sup> (*Signature*<sup>™</sup>)  Vitallium<sup>™</sup>  Titanium



## ACRYLIC/THERMO PLASTIC

- Flexite<sup>™</sup>  Cushion Clasp<sup>™</sup>
- Treatment Partial
- FRS (Flexible Resin System)

## Clasp:

- FRS # \_\_\_\_\_  Clear  Pink
- Acetal # \_\_\_\_\_  Tooth colored  Pink
- Flexite # \_\_\_\_\_  Clear  Pink
- Ball # \_\_\_\_\_
- Wrought Wire # \_\_\_\_\_
- Cushion Clasp # \_\_\_\_\_

monodont<sup>™</sup> Bridge Tooth #: \_\_\_\_\_

RETURN DATE: \_\_\_\_\_ Time: \_\_\_\_\_

Dentist Signature \_\_\_\_\_ Lic # \_\_\_\_\_

Use reverse side of top copy for additional instructions.