

**TOOTH ORDER RX FORM**

ANTERIOR			POSTERIOR		
Quantity	Mould	Shade	Quantity	Mould	Shade

<b>Circle choice/s</b>			<b>CUSP HEIGHT (circle choice)</b>		
<b>TYPE:</b>	Portrait	Bioblend	Bioform	<b>Portrait:</b> 0	10 20 33 40
<b>MATERIAL:</b>	Plastic	IPN	Porcelain	<b>IPN:</b> Monoline	Anatoline 20 30 33
	Open Faced Crown	Full Gold Crown		<b>Plastic/Porcelain:</b> 0(rational)	12(functional) 20 33
				<b>Biostabil:</b> 22(Bioblend shades only)	

**OTHER:** \_\_\_\_\_

**Denture Base Shade:** Fibered Light      Fibered Dark      Lucitone 199

**Student:** \_\_\_\_\_ **Patient:** \_\_\_\_\_

**Department:** Pre-Doc    Other \_\_\_\_\_ **Chart Entry:** Y      **Payment Verification** \_\_\_\_\_

**Faculty Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_