

# WISCONSIN Rx FORM **Full/Partial Denture**

## NETWAL DENTAL LAB., INC.

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Doctor	Date
Address	Phone
City, State & Zip	

Patient Information		
Name (Last,First)		
Shade	<input type="checkbox"/> Male <input type="checkbox"/> Female	Age
<input type="checkbox"/> Trial <input type="checkbox"/> Finish	<input type="checkbox"/> Vigorous <input type="checkbox"/> Medium <input type="checkbox"/> Soft	
Appointment Date	Appointment Time	

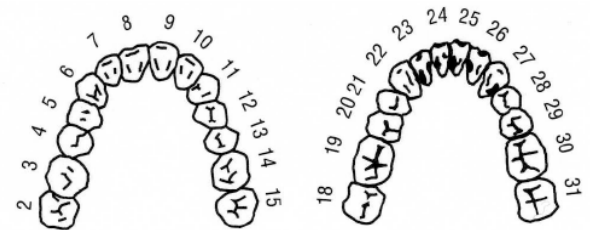
<input type="checkbox"/> Full Upper	<b>MATERIALS</b>	<b>FACIAL CHARACTERISTICS*</b>
<input type="checkbox"/> Full Lower	<input type="checkbox"/> Diamond D	TEETH: Anterior
<input type="checkbox"/> Imm. Upper/Lower	<input type="checkbox"/> Lucitone 199 – Pour	<i>Porcelain</i>
<input type="checkbox"/> Imm. Twin U/L	<input type="checkbox"/> Soft Liner	<i>Plastic</i>
<input type="checkbox"/> Base Plates	<input type="checkbox"/> TCS	<i>Shades and Molds</i>
<input type="checkbox"/> Bite Rims	<b>IMPLANTS</b>	
<input type="checkbox"/> Custom Tray	<input type="checkbox"/> Implant Custom Tray	
<input type="checkbox"/> Duplicate / Spare	<input type="checkbox"/> Implant Bite Rims	TEETH: Posterior
<input type="checkbox"/> Reline <input type="checkbox"/> TCS	<input type="checkbox"/> Verification Jig	<i>Porcelain</i>
<input type="checkbox"/> Repair <input type="checkbox"/> TCS	<input type="checkbox"/> Imp. Setup Mx/Md	<i>Plastic</i>
<input type="checkbox"/> Post Dam	<input type="checkbox"/> Titanium Milled Bar	<i>Shades and Molds</i>
<b>PARTIALS</b>	<input type="checkbox"/> Surgical Guide	
<input type="checkbox"/> Upper <input type="checkbox"/> Lower	<input type="checkbox"/> Surgical Stint	
<input type="checkbox"/> Cast Chrome		
<input type="checkbox"/> Wrought Chrome		

\*Give name of manufacturer for materials and teeth.

Additional Instructions:

Signature	
License No.	

**DOCTOR PLEASE RETAIN DUPLICATE COPY**



FOR NDL OFFICE USE ONLY			
Model / Imp Model		Finish Full/Partial	
Duplicate Model		TCS Upper / Lower	
Bite Rim		TCS Nesbit / Partial	
Custom Tray		Anterior Teeth	
Set-Up Mx / Md		Posterior Teeth	
Set-Up Ant / Post		Repair	
Immediate / Twin		Reline	
Reset		Reset Tooth	
Wax to Finish		Quality Check	