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ORDER DATE: \_\_\_\_\_

LAB201804

YOUR DUE DATE: \_\_\_\_\_

**FOR LAB CUSTOMERS ONLY**

Lab Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Fax: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_

**Cast Partial:**

- Cast Framework
  - w/ bite block\***  w/o bite block
- Wax-up with teeth
- Process/Finish
- Direct Finish
- Chrome Cobalt\***  Vitallium
- Standard Acrylic\***  Lucitone 199

**Flexible Partial:**

- Wax-up with teeth
- Process/Finish
- Direct Finish
- TCS\***  Valplast

**Full Denture:**

- Custom Tray
- Base+Bite block
- Wax-up with teeth
- Process/Finish
- Direct Finish
- Standard Acrylic\***  Lucitone 199

**Immediate/Acrylic Denture:**

- Full Imm.  Partial Imm./Stayplate/Flipper
  - Wax-up with teeth
  - Process/Finish
  - Direct Finish
- Standard Acrylic\***  Lucitone 199
  - Extract and replace all teeth
  - Replace missing teeth w/o extraction
  - Extract only #: \_\_\_\_\_
  - Replace only #: \_\_\_\_\_
  - Wrought Wire on #: \_\_\_\_\_

Which stage to extract tooth from model:  
 Base+Bite  Teeth wax-up  Process/Finish

**Cast Partial+Flexible Acrylic:**

- Cast Framework
  - w/ bite block\***  w/o bite block
- Wax-up with teeth
- Flexible Acrylic Process/Finish
- Direct Finish
- CoCr\***  Vitallium
- TCS\***  Valplast

Wax-up and Porcess flexible clasps at:  
 **Process/Finish Stage\***  Framework Stage

**\*Standard unless specified otherwise**

**Framework Design:**

- Lab Design
- Drawing on Rx/model
- Horseshoe
- Palatal Bar
- Circular Bar
- Lingual Bar
- Lingual Plate
- Other: \_\_\_\_\_

**Clasping:**

- Roach
- RPI
- Akers
- Other: \_\_\_\_\_

**Clasp:**

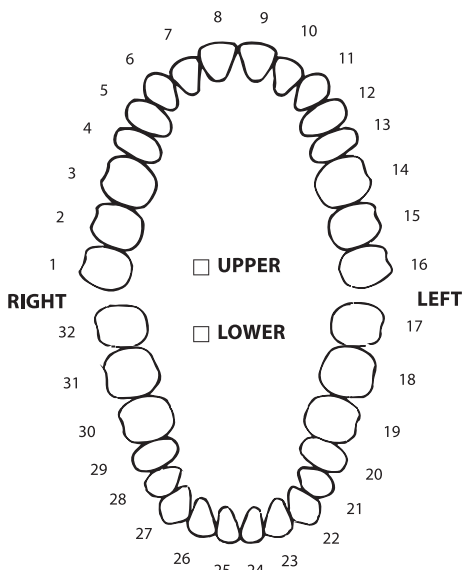
- Cast clasp on #: \_\_\_\_\_
- Wire clasp on #: \_\_\_\_\_
- Flexible clasp on #: \_\_\_\_\_
- Tooth color clasp on #: \_\_\_\_\_
- Other: \_\_\_\_\_

**Finish Clasp:**

- Light
- Medium\***
- Heavy

**Rest:**

- Mesial Rest on #: \_\_\_\_\_
- Distal Rest on #: \_\_\_\_\_
- Cingulum Rest on #: \_\_\_\_\_



**TOOTH SHADE:** \_\_\_\_\_

**Teeth #'s:** \_\_\_\_\_

**Acrylic Shade:**

- Light Pink  **Standard Pink\***
- Medium Dark  Dark

**REMOVABLE RESTORATION PRESCRIPTION**

- New CASE**  **REPAIR/RESET**  **REDO**
- Old unit enclosed for redo/repair:  Yes  No
- Old case number for redo/repair: \_\_\_\_\_

**Additional Instruction:**

- OK to relieve opposing?  Yes  No
- OK to change clasp type?  Yes  No
- OK to change major connector?  Yes  No

**Internal Use Only:**

Enclosure:	Qty:
<input type="checkbox"/> Impression	_____
<input type="checkbox"/> Stone Model	_____
<input type="checkbox"/> Bite Registration	_____
<input type="checkbox"/> Shade Tab/Guide	_____
<input type="checkbox"/> Articulator	_____
<input type="checkbox"/> Photo	_____
<input type="checkbox"/> Teeth	_____
<input type="checkbox"/> Note/Other:	_____

PLACE  
BARCODE  
HERE

**Patient Name:** \_\_\_\_\_

**Authorized Signature for Work:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(By signing or sending the prescription form, or a substitute thereof, client agrees to all terms and conditions of Arklign Laboratories)