

3001 Keller Springs Road
Carrollton, TX 75006
Toll-Free: 888-567-4935
Phone: 214-691-5512
ydlconcert.com

RX DATE	DUE DATE

Removable Prosthetics Rx

INFORMATION

This is my first case with YDL Concert

Doctor's Name _____

Practice Name _____

Address _____

Phone _____

Email _____

Patient Name _____

Sex: M F Age _____

(Standard working time if no date given) Case turnaround times are based on the date the prescription is received at the lab.

DENTURES

Upper Lower Try-in Finish Set-Up & Finish

Immediate/Surgical Guide Custom Tray

Process & Finish Base Plate

Process Base Plate Bite Rim

PARTIALS

Upper Lower Try-in Finish Set-Up & Finish

Acrylic Flipper (1-4 Teeth) Call Clasps Base Plate

Unilateral Partial Wrought Wire Bite Rim

Cast Frame Only Polymer Partial

Flexible Partial Custom Tray

OTHER

Nightguards/Splints

Upper Hard Acrylic *Pankey Technique*

Lower Hard Acrylic

Durasoft (Hard-soft)

Sportsguard

Thermoflex

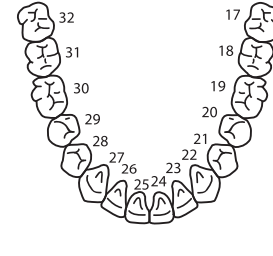
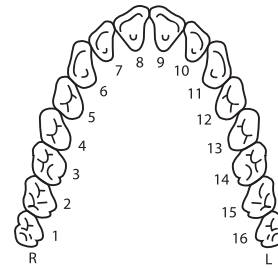
REPAIRS

Reline

Rebase

Repair

CASE DESIGN



Shade _____

Mold Ant _____

Mold Post _____

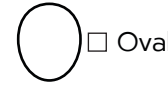
Acrylic Shade

Lucitone 199® (Standard) Pink Original Light

Teeth

Mondial (standard) Artic Other _____
Special Order

Face Shape



Oval



Triangle



Round



Square

RX SPECIFIC INSTRUCTIONS

Dentist Signature (REQUIRED)

Dentist License No.