

# TREAT AS INFECTIOUS MATERIAL

**Rx** UNIVERSAL RX

Date: \_\_\_\_\_



**OHIO VALLEY DENTAL LAB**

401 South Maple Ave.  
Greensburg, PA 15601  
P: 1.800.943.3043  
412.926.7808

OHIO VALLEY DENTAL LAB

- New Case    Continuation / Remake or Redo of Case  
 Reason for Remake/Redo \_\_\_\_\_

**Rx #:** \_\_\_\_\_

Bar Code

Doctor: \_\_\_\_\_ Patient: \_\_\_\_\_ Sex:  M  F

Delivery Expected on: \_\_\_\_\_

**Crown & Bridge**

**METAL FREE RESTORATIONS**

- Ultra-Translucent™  
(Translucent Zirconia With e.max® Layering)
- Laxzir™ (Full Contour Zirconia)
- Bruxzir™ (Full Contour Zirconia)
- Bruxzir™- Anterior
- Lava™
- IPS e.max® (Crown, Veneer, Inlay, Onlay)
- Empress® Esthetic (Crown, Veneer, Inlay, Only)
- Thineers Ultra Thin Veneers (No Prep Needed)

**PORCELAIN FUSED TO METAL (PFM)**

\*EXCESS ALLOY WEIGHT MORE THAN ONE GRAM WILL BE CHARGED AT PREVAILING PRICES.

- PFM Base Metal (NP)
- PFM Noble Metal\* (Semi-Precious)
- PFM High Noble\* (Au 40% White Gold)
- PFM-Precious\* (Au 73% Yellow Gold)
- If Alloy Weight Is More Than One Gram
  - Please Call
  - Go Ahead
- Captek®
- MARYLAND BRIDGE - one pontic with 2 wings

**FULL METAL CAST RESTORATIONS**

- Full Cast - Non-Precious (Silver Color)
- Full Cast - Non-Precious (Gold Color)
- Post & Core (Please Specify Alloy)
- Full Cast - Semi Precious (Silver Color)
- Full Cast - Semi Precious (Gold Color)
- Full Cast - Precious (40% Au)
- Full Cast - Precious (60% Au)

**IMPLANT PARTS PROVIDED**

- Impression Post # \_\_\_\_\_
- Abutment # \_\_\_\_\_    Lab Analog # \_\_\_\_\_
- Implant Brand \_\_\_\_\_
- Implant Size \_\_\_\_\_

**PROVISIONAL ACRYLIC CROWN**

- Beauty-Temp
- Other \_\_\_\_\_  
*(Please Specify)*

**Removable**

**Complete Denture**

- Set-up
- Finish

**Immediate Denture**

- Extract All
- Extract Tooth # \_\_\_\_\_

**Metal Partial Denture**

- Metal Frame Work Try-In
- Set-up
- Finish

**Acrylic Partial Denture**

- Set-up
- Finish
- Wire Clasp

**Valplast**

- Set-up
- Finish

**Teeth**

- Standard Teeth
- Upgrade Teeth \_\_\_\_\_

**Miscellaneous**

- Custom Tray
- Bite Block
- Night Guard
  - Hard
  - Soft
- Bleaching Tray
- Denture Repair/Reline

**RUSH** (RUSH fee \$ 49 up to 3 units)

**Try-In**

- Try-In
- Bisque Bake
- Other \_\_\_\_\_

**Enclosed With Case**

- Impression U/L
- Bite
- Models U/L
- Others \_\_\_\_\_
- Photos

**Staining**

- Light
- Medium
- Heavy

**Occlusal Contact**

- Foil Relief
- Positive Contact

**If Insufficient Room**

- Metal Occlusal
- Reduction Coping
- Adjust Opposing

**Contacts and Embrasures**

- Broad
- Light
- Tight

**Ceramic Margin**

- Facial 180°
- All Around 360°

**Pontic Design**

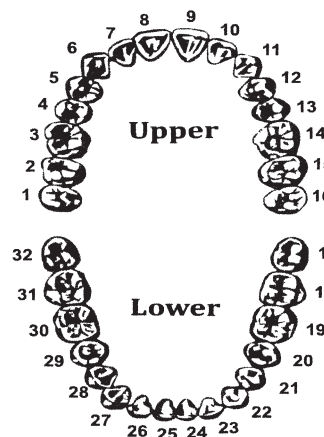
- Modified Ridge
- Full Ridge
- Sanitary
- Ovate

**Collar and Metal Design**

- No Metal Collar
- Metal Lingual Collar
- 360° Metal Collar
- Metal Occlusal/Lingual
- Metal Island

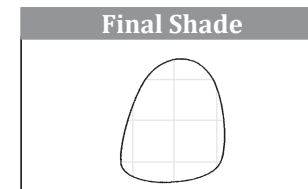
Office Code OR Account #: \_\_\_\_\_

Dental Office Address: \_\_\_\_\_



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

**Final Shade**



Stamp Shade \_\_\_\_\_

IF PRODUCT IS NOT SPECIFIED STANDARD IS NON PRECIOUS PFM

Please Disinfect The Impression

Signature: \_\_\_\_\_ License: \_\_\_\_\_

Please take your time to complete the Rx correctly to avoid any delay in this case and keep a copy for your records. Remember to include: Rx, Impression, Bite Registration, Opposing Arch and Study Models. If metal is not specified, base metal (Non-Precious) will be used by default.

Rx Forms are available at [www.ohiovalleydental.com](http://www.ohiovalleydental.com)

*Pink copy for Doctor*