

## PERSONAL INFORMATION

Doctor Name\*.....

Clinic Name\*: ..... Contact No\*: ..... Date: .....

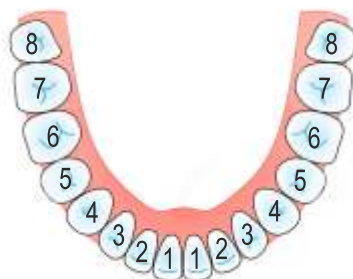
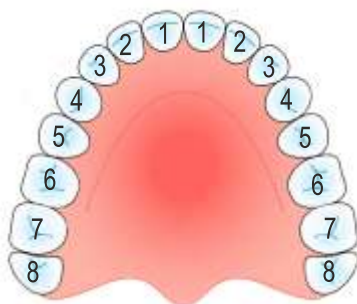
 Delivery Date\*: .....  Age 

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 Gender: ☐ Male ☐ Female

[illegible]

## 2 PRELIMINARY INFORMATION

**JOB TYPE**

- ☐ New
- ☐ Correction
- ☐ Redo
- ☐ Continuation

## SHADE



**ENCLOSED WITH**

- ☐ Upper Imp   ☐ Lower Imp   ☐ Lower Model   ☐ Upper Model   ☐ Bite Block   ☐ Bite   ☐ Study Model   ☐ Old Denture U/L

### PRODUCT INFO

## TYPES

- ☐
- Complete Denture / Full Denture
- ☐
- Acrylic Partial Denture
- ☐
- ClickFlex**
- 
- CONTOUR TECH TECHNOLOGY

☐ **Cast Partial Denture:**

### Type Of Major Connector :

- ☐ Full Palate Coverage    ☐ Ant. Post. Strap    ☐ Horseshoe (U Shape)  
☐ Mid Palate Strap    ☐ Lingual Bar    ☐ Lingual Plate

**Type Of Clasp :**

- ☐ I-Bar               Tooth      ☐ Y-Bar               Tooth
- ☐ C-Clasp               Tooth

- ☐ Special Tray    ☐ Bite Block    ☐ Night Guard    ☐ Acrylic Splint    ☐ Bleaching Tray

## OVER DENTURE ATTACHMENT

- ☐ OT Box   ☐ OT Cap   ☐ OT Cap Techo   ☐ OT Equator  
☐ OT Equator Threaded Sleeve System   ☐ OT Bar Multi Use

## EXTRA CORONAL ATTACHMENT

- ☐ Titanium    ☐ Smart POM    ☐ DMLS    ☐ OT Cap  
☐ OT Strategy    ☐ OT Unilateral    ☐ OT Cap Techo

## 4 REQUIRED INFO

## STAGE

- ☐ Framework Try-in   ☐ Bite Block  
☐ Setting Try-in   ☐ Finish

## 5 CORRECTIONS

## MISCELLANEOUS

- ☐ Denture Repair   ☐ Clasp Addition   ☐ Reline  
☐ Tooth Addition   ☐ Rebasing   ☐ Cleaning

## SPECIFICATIONS

PLEASE DISINFECT THE IMPRESSION :

By filling this RX copy, you agree to by all terms & conditions of Illusion Dental Laboratory and agree to receive messages and newsletters.

**Note:** Please send a bite registration along with the upper & lower rubber base impression. Kindly fill in all the required details in the Rx to avoid any delay with your cases.

\*Please mention Patient's name for warranty card.