CROWN, BRIDGE, AND IMPLANT PRESCRIPTION FORM

WESTMOUNT
DENTAL LABORATORY

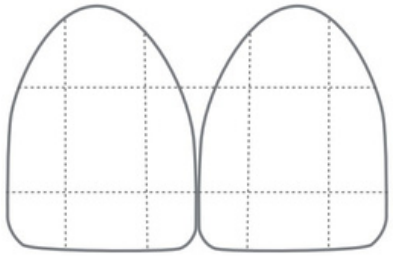
DENTIST NAME, EMAIL &TELEPHONE	PATIENT NAME
	AGE: ☐ MALE ☐ FEMALE
PRACTICE ADDRESS & TELEPHONE	**RETURN DATE JOB NUMBER**

INDIRECT RESTORATIONS	TOOTH	ADDITIONAL INFO
PLANNING		
Diagnostic Wax Up	U ☐ L ☐	
Digital Wax Up	U ☐ L ☐	
Prep Guide	U ☐ L ☐	
Temp Putty Stent	U ☐ L ☐	
CROWN AND BRIDGE		
Emax		
Zirconia		
PFM		
Gold		
VENEERS		
Emax		
Zirconia		
INLAY/ONLAY		
Composite		
Zirconia		
Gold		
OTHER		
Composite Smile Matrix (No of teeth)	2 ☐ 4 ☐ 6 ☐ 8 ☐ 10 ☐	

IMPLANT RESTORATIONS	TOOTH	ADDITIONAL INFO
PLANNING		
Surgical Guide		
Immediate Load PMMA Temp Crown		
Immediate Load PMMA Temp Bridge		
Essix Temporary with Teeth		
CEMENT RETAINED		
Customised Abutments and Cemented Crown		Emax ☐ Zirc ☐ PFM ☐
Customised Abutments and Cemented Bridge		Emax ☐ Zirc ☐ PFM ☐
SCREW RETAINED		
Screw Retained Crown		Emax ☐ Zirc ☐ PFM ☐
Screw Retained Bridge		Zirc ☐ PFM ☐

SPECIAL INSTRUCTIONS

Indicate shading on tooth diagram



SHADE

Stump shade
(if all ceramic)
.....

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MHRA DAMAS

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REMOVABLE PROSTHETIC PRESCRIPTION FORM

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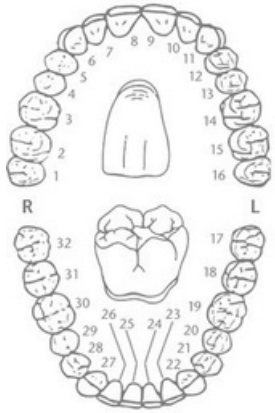
WESTMOUNT DENTAL LABORATORY

DENTIST NAME, EMAIL & TELEPHONE	PATIENT NAME
	AGE: ☐ MALE ☐ FEMALE
PRACTICE ADDRESS & TELEPHONE	**RETURN DATE**

REMOVABLE PROSTHETICS		
ACRYLIC DENTURES	STANDARD	ELITE
F/F	☐	☐
F/- OR -/F	U ☐ L ☐	U ☐ L ☐
PARTIAL DENTURE 1 - 6 TEETH	U ☐ L ☐	U ☐ L ☐
PARTIAL DENTURE 7 - 13 TEETH	U ☐ L ☐	U ☐ L ☐
CHROME FRAMEWORK		
FULL	U ☐ L ☐	
PARTIAL	U ☐ L ☐	
CLASP	PLEASE SPECIFY POSITION:	
ORTHODONTICS		
CLEAR BRACE ALIGNERS	U ☐ L ☐	Scalloped Trim Line ☐ Straight Trim Line ☐
REPLACEMENT ALIGNERS	U ☐ L ☐	Aligner number: Upper Lower
REFINEMENT ALIGNERS	U ☐ L ☐	
ESSIX RETAINER	U ☐ L ☐	
DIRECT BONDED RETAINER WITH JIG	U ☐ L ☐	
HARD STABILISATION SPLINT (MICHIGAN / TANNER)		
KOIS DEPROGAMMER		
THERMOFORMING		
CLEAR SOFT SPLINT 3MM	U ☐ L ☐	
BESPOKE MOUTH GUARD 5MM	U ☐ L ☐	
SNORING APPLIANCE		
WHITENING		
BLEACHING TRAY	U ☐ L ☐	
WESTMOUNT WHITENING KIT	DAY ☐	NIGHT ☐

STAGES		INSTRUCTIONS	RETURN DATE	INITIALS
PRIMARY IMPS	SPECIAL TRAY			
	BITE			
	MODELS			
SECONDARY IMPS	BITE			
	TRY - IN			
TRY - IN				
RETRY				
FRAMEWORK TRY IN				
FINISH				

SPECIAL INSTRUCTIONS



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SIGNATURE: .....

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FULL ARCH PRESCRIPTION FORM

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	AGE: ☐ MALE ☐ FEMALE
PRACTICE ADDRESS & TELEPHONE	**RETURN DATE**

FULL ARCH PLANNING PHASE	ARCH	PLEASE PROVIDE FOLLOWING:
Full Arch AoX Digital Design Only	U ☐ L ☐	CBCT ☐
Edentulous Implant Overdenture Surgical Guide	U ☐ L ☐	PHOTOS ☐
AoX Surgical Guide - Delayed Loading Protocol	U ☐ L ☐	SHADE
Additional Stackable Bone Reduction Guide	U ☐ L ☐	IMPLANT MAKE
AoX Surgical Guide - Immediate Loading Protocol	U ☐ L ☐ AoX Convertible Denture ☐ Pre-made PMMA provisional ☐	I/O SCANS / IMPRESSIONS ☐
AoX Temporary Convertible Denture (Immediate Load)	U ☐ L ☐	BITE ☐
AoX Printed/Milled Temporary Bridge (Immediate Load)	U ☐ L ☐	ALVEOPLASTY INFO ☐
On Site Full Arch Denture Conversion (Technician Required)	U ☐ L ☐	DATE OF SURGERY

IMPLANT OVERDENTURES	ARCH	PLEASE PROVIDE FOLLOWING:
2-4 IMPLANT WITH BALL/LOCATOR AND ELITE LEVEL DENTURE WITH COCR SUBSTRUCTURE	U ☐ L ☐	IMPLANT MAKE SHADE
2-IMPLANT DOLDER BAR WITH CLIPS AND ELITE LEVEL DENTURE WITH COCR SUBSTRUCTURE	LOWER ONLY	LOCATOR TYPE • ZEST ☐ • EQUATOR ☐ • NOVALOK ☐
4-IMPLANT BAR ON LOCATORS WITH ELITE LEVEL DENTURE ON COCR SUBSTRUCTURE	U ☐ L ☐	

FIXED FULL ARCH BRIDGES	ARCH	PLEASE PROVIDE FOLLOWING:
TITANIUM/COCR BAR + HYBRID ACRYLIC WRAP (FP2/FP3)	U ☐ L ☐	IMPLANT MAKE IMPLANT SCANS • APOLLO ☐ • IMETRIC ☐ • TUPEL ☐ • ANALOGUE IMPS ☐ • OTHER ☐
TITANIUM/COCR BAR + PMMA SLEEVE (FP2/FP3)	U ☐ L ☐	
TITANIUM/COCR BAR + ZIRCONIA SLEEVE (FP2/FP3)	U ☐ L ☐	
MONOLITHIC ZIRCONIA + AESTHETIC LAYERING (FP1)	U ☐ L ☐	TISSUE SCANS • IOS ☐ • ANALOGUE IMPS ☐
TITANIUM/COCR BAR + MONOLITHIC ZIRCONIA SLEEVE + AESTHETIC LAYERING (FP1)	U ☐ L ☐	BITE ☐ PHOTOS ☐
TITANIUM/COCR BAR +INDIVIDUALISED ZR/LISI TEETH (TORONTO)	U ☐ L ☐	TOOTH SHADE GUM SHADE

STAGES		INSTRUCTIONS	RETURN DATE	INITIALS
PRIMARY IMPS	SPECIAL TRAY			
	BITE			
	MODELS			
SECONDARY IMPS	BITE			
	TRY - IN			
TRY - IN				
RETRY				
FRAMEWORK TRY IN				
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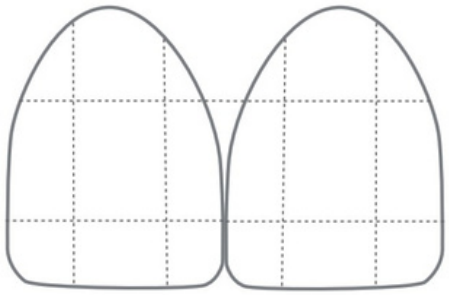

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