

Harmony Dental Laboratory

2063 Gilmore Street • Jacksonville, FL 32204 • 904.354.4467

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PERFECTSHADE Rx

Rx DATE: _____

Doctor Name: _____

Patient Name: _____

BASIC SHADING

Overall Shade: _____

Dentin Shade: _____

TRANSLUCENCY

No Incisal

 Matches Shade Tab

 Full Incisal

SURFACE GLOSS

Dull

 Matches Shade Tab

 High Shine

SURFACE TEXTURE

Rough

 Matches Shade Tab

 Smooth

INCISAL LENGTH

Change Length by: \pm _____ MM

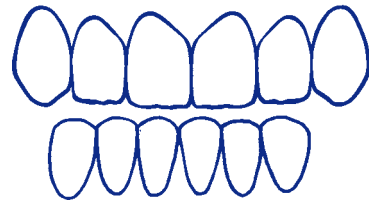
Incisal Matrix Enclosed Yes No

Lap Incisal Edge Yes No

IMPORTANT NOTE

This Rx is designed only to be used as a supplement to our Fixed Prosthetics Rx.

CHARACTERIZATION (Indicate Below)



Show Mamelons Yes No

OCCLUSAL STAIN (Indicate Below)



Color: _____

Amount of Stain:

None

Light

Medium

Heavy



ADDITIONAL INSTRUCTIONS

YES, I've also completed a Fixed Prosthetics Rx for this case. It is attached.

Signature Below Indicates Acceptance of Full Responsibility for Payment

Personal Signature of Dentist

Dentist License #

NOTE: Please retain yellow copy for your records and return the white copy to Harmony.

PERFECTSHADE Rx

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Overall Shade: _____

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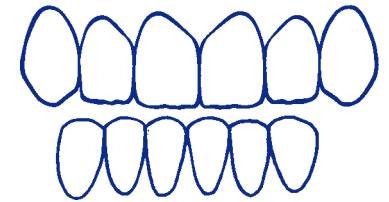
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REMOVABLE PROSTHETICS Rx

Rx DATE: _____

CASE DUE DATE: _____
 Anytime Before _____

DOCTOR INFORMATION

Name: _____
 Address: _____
 Phone: _____

PATIENT INFORMATION

Name: _____
 Male Female Age: _____

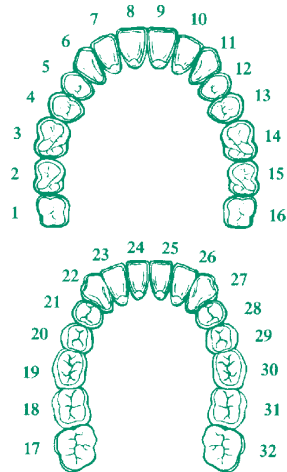
FABRICATION INSTRUCTIONS Same-Day Service Custom Trays Bite Rims
 Try-In with Teeth Finish

TOOTH SPECIFICATIONS Shade: _____ Mould: _____

PROSTHETIC SELECTION

- Lifestyle™ Full/Partial Denture
- Harmony Select™ Full/Partial Denture
- Masterpiece™ Full/Partial Denture
- FRS™ Metal Free Partial
- ComforFIT Nightguard™
- Other _____

CASE DESCRIPTION



PLEASE SEND More Rx's More Shipping Supplies Other _____

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Dentist License #

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Rx DATE: _____

CASE DUE DATE: _____
 Anytime Before _____

DOCTOR INFORMATION

Name: _____
 Address: _____
 Phone: _____

PATIENT INFORMATION

Name: _____
 Male Female Age: _____

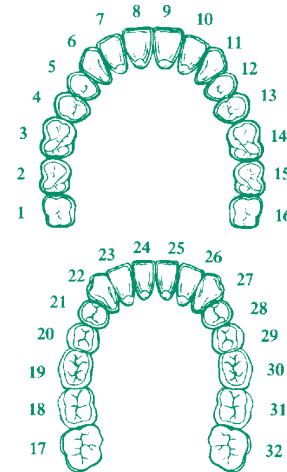
FABRICATION INSTRUCTIONS Same-Day Service Custom Trays Bite Rims
 Try-In with Teeth Finish

TOOTH SPECIFICATIONS Shade: _____ Mould: _____

PROSTHETIC SELECTION

- Lifestyle™ Full/Partial Denture
- Harmony Select™ Full/Partial Denture
- Masterpiece™ Full/Partial Denture
- FRS™ Metal Free Partial
- ComforFIT Nightguard™
- Other _____

CASE DESCRIPTION



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