

Rx Form *To place this order online, please visit www.paladigitaldentures.com and select your Pala Digital Lab.*

Case Number: _____ **Date:** _____

Doctor Name: _____ **License Number:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Patient's Identification Number: _____

Choose a product:

- Pala Premium Digital Denture - Maxillary and Mandibular
- Pala Premium Digital Denture - Single Arch Maxillary
- Pala Premium Digital Denture - Single Arch Mandibular

Gender: Male Female **Age:** _____

Please choose whether you want to receive a free try-in or go directly to final. If this is your first case, you will receive a try-in denture first before going to final, regardless of your case type selection.

Case Type: Final Try-in **Date requested for try-in:** _____

Stippling No Stippling

Anterior Tooth Choice: Lab choice Mondial i Mondial

Teeth Shade Color: A1 A2 A3 A3.5 A4 B1 B2 B3 B4 BL1 BL2 BL3
 C1 C2 C3 C4 D2 D3 D4

Denture Base Shade: Pink #1 Shade 200 #8 Light Pink #11 Pink Veined #3 R50 Veined #4

Upper Lip Length: 5mm 5.5mm 6mm 6.5mm 7mm 7.5mm 8mm
 8.5mm 9mm 9.5mm 10mm 10.5mm 11mm 11.5mm
 12mm 12.5mm 13mm 13.5mm 14mm 14.5mm 15mm
 15.5mm 16mm 16.5mm 17mm 17.5mm 18mm 18.5mm
 19mm 19.5mm 20mm 20.5mm 21mm 21.5mm 22mm
 22.5mm 23mm 23.5mm 24mm 24.5mm 25mm 25.5mm

Set-up Type: Balanced Occlusion Lingualized Occlusion

Anterior Overjet: Regular (Class I, > 2mm) Retrognathic (Class II, > 3mm) Prognathic (Class III, > 1mm)

Tray Size: Small Medium Large X-Large

Vertical Measurement: _____

Notes & Instructions:
