

Doctor Name: \_\_\_\_\_

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

Email: support@arklign.com

Practice Name/ID: \_\_\_\_\_

Tel: (800) 361-1659

Website: www.arklign.com

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Patient **FIRST** Name: \_\_\_\_\_  
(please print)

**DUE Date (2 weeks):** \_\_\_\_\_

Patient **LAST** Name: \_\_\_\_\_  
(please print)

[Please reference scheduling calendar for due dates. Please call for Rush Service. Additional in-lab days required for cases with multiple stages, 4 or more units, and/or implant abutments.]

Patient Gender: \_\_\_\_\_ Age: \_\_\_\_\_

**This is a:**

**New Case**       **Supplemental Rx**

**Remake/Repair**

Old reference number(s): \_\_\_\_\_

Old unit enclosed:  Yes     No

No. of unit(s) enclosed: \_\_\_\_\_

**STEP 1 of 7**

Product Selections:

- Full Dentures:**
  - Premium Acrylic [default]
  - Lucitone 199

- Locator Overdentures:**
  - Premium Acrylic [default]
  - Lucitone 199

- Cast Partials:**
  - Premium CoCr [default]
  - Vitallium 2000

- Flexible Partials:**
  - TCS [default]
  - Valplast

- Combination Partials:**
  - Premium CoCr [default]
  - Vitallium 2000

- TCS [default]
- Valplast

- Acrylic/Immediates:**
  - Immediate Full Denture
  - Acrylic Partial (6+ teeth)
  - Stayplate (2~5 teeth)
  - Flipper (1 tooth)

**STEP 2 of 7**

Stage Selections:

- Base Plate + Bite Block
- Metal Framework Try-In
  - Bite Block [default]
  - No Bite Block
- Teeth Setup on Base Plate
- Teeth Setup on Framework
- Finish (From Setup)
- Direct to Completion (All Stages)

Locator Overdenture Extras:

- Process Locator Housing
- Embed Overdenture Casted Mesh
- Straight Locator Abutment
- Custom Angulated Locator Abutment

**STEP 3 of 7**

Partial/Full Denture Designs:

- Lab Design [default if no design provided]
- Follow Instruction on Rx/Model

**STEP 4 of 7**

Acrylic/Immediate Specifications:

- Extract and Replace All Teeth on Model
- Only Replace Missing Teeth on Model w/ No Extraction
- Extract Teeth #: \_\_\_\_\_
- Replace Teeth #: \_\_\_\_\_
- Wrought Wire on #: \_\_\_\_\_

**STEP 5 of 7**

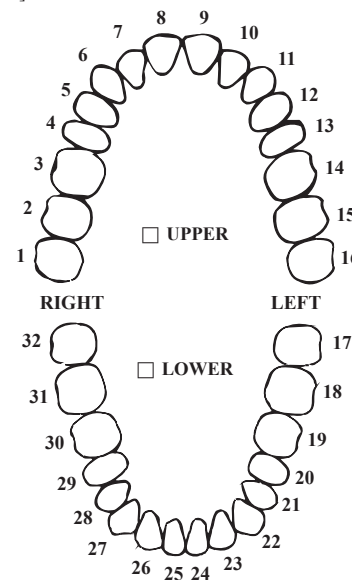
**GUM SHADE:**

- Standard Pink [default]
- Light Pink
- Mild Dark
- Dark

**TOOTH SHADE:**

\_\_\_\_\_

**STEP 6 of 7**



**STEP 7 of 7**

Removable Extras:

- Reline
  - Hard  Soft
- Repair
- Custom Tray
- Sports Guard
- Night Guard
  - Hard
  - Soft
  - Hard/Soft Lining
- Bleaching Tray
- ID on Appliance
- Space Maintainer
- Retainer
  - Hawley Retainer
  - Clear Retainer

**Your fabrication instruction:**

[Include Remake/Repair reason(s) here]

**Give us your feedback:**

Dentist Signature: \_\_\_\_\_ Dentist License No: \_\_\_\_\_

The dentist and/or the dental practice signing or sending this prescription, or a substitute thereof, agrees to all terms, conditions, warranty, and policies of Arklig Laboratories and accepts responsibility for payment of the related charges and agrees to pay all legal and collections costs in the event the account is in collections or litigation, including reasonable fees.

**LAB USE ONLY**

- Impression \_\_\_\_\_
- Stone Model \_\_\_\_\_
- Bite Registration \_\_\_\_\_
- Metal Framework \_\_\_\_\_
- Shade Tab/Guide \_\_\_\_\_
- Articulator \_\_\_\_\_
- Photo \_\_\_\_\_
- Base+Bite \_\_\_\_\_
- Frame+Bite \_\_\_\_\_
- Base+Teeth \_\_\_\_\_