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# Lab Script - Removable

Rx Date

Date Due in Office

Doctor's Name

Doctor's Address

Phone

Patient's Name

Sex

Age

## Removable Restorations

### Dentures

\_\_\_\_\_ Immediate Denture  
\_\_\_\_\_ Complete Denture

### Partial Restorations

\_\_\_\_\_ Cast Frame Partial  
\_\_\_\_\_ Acrylic Flipper

### Nightguards / Splints

\_\_\_\_\_ Hard Acrylic  
\_\_\_\_\_ Hard/Soft

## Digital Restorations

### Dentures

\_\_\_\_\_ Immediate Denture  
\_\_\_\_\_ Complete Denture

\_\_\_\_\_ Surgical Guides

\_\_\_\_\_ Nightguard

## Implant Restorations

### Hybrid Dentures

\_\_\_\_\_ Acrylic Over Titanium Bar  
\_\_\_\_\_ Fully Milled Zirconia

\_\_\_\_\_ Procera Implant Bridge (PIB)  
\_\_\_\_\_ Locator Denture

## Shade

\_\_\_\_\_ Tooth Shade

\_\_\_\_\_ Mehary

\_\_\_\_\_ Pink



Specific Instructions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Doctor's Signature

License Number