



Dental lab Procedure Prescription

**ComfyDent LLC**

Dental Laboratory  
Bristol, CT

Tele: 860 656 8152 - 860 656 8809

Date: / / 20

Doctor's Name : ..... Tele No. ....

Street Address ..... License No. ....

Patient Name ..... Age ..... M  F

**Removable Prosthodontics:**

Due Date/ Delivery by .....

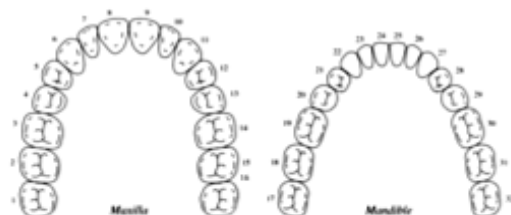
Shade .....

- Custom Tray
- Set Up Teeth
- Bite Block
- Process & Finish Repair
- Reline

Instructions: RX

**Partial Denture:**

- Framework
- Valplast



**Fixed Prosthodontics**

**PFM Design:**

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**Pontic Design:**

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**Ridge Relief**

- None
- Medium
- Slight
- Heavy

**If Minimal Occlusal Clearances**

- Metal occlusal
- Reduce opposing tooth

**Contacts**

- Open
- Closed

Doctor's Signature ..... Date .....