



Dr. Mia Anne Villanueva - Perez

General Dentistry • Esthetic Dentistry • Practicing Orthodontics • Implant Dentistry

Mezzanine flr. Bansalangen Bldg., East Service Rd., Parañaque

Mobile No: 0945 317 8818

Email | teethhub2018@gmail.com • FACEBOOK PAGE | @Teeth Hub

DENTAL LABORATORY JOB PRESCRIPTION FORM

To: ~~XXXXXXXXXX~~ ~~XXXXXXXXXX~~ Date: August 19, 2022

Patient: <u>Josefine Laxamara</u>	Age: _____	Sex: _____
<input checked="" type="checkbox"/> Case <u>Dentures</u> <input type="checkbox"/> Implant	<input type="checkbox"/> Pontic	<input type="checkbox"/> Shade
<input type="checkbox"/> Fixed Partial Denture <input type="checkbox"/> Jacket Crown <input type="checkbox"/> Veneers <input type="checkbox"/> Plastic <input type="checkbox"/> Porcelain <input type="checkbox"/> Fused to Metal Crown <input type="checkbox"/> Ceramage <input type="checkbox"/> Tilite Metal <input type="checkbox"/> Fused to Tilite Crown <input type="checkbox"/> Emax <input type="checkbox"/> Full Shell / Metal Crown <input type="checkbox"/> Zirconia <input type="checkbox"/> Indirect Composite <input type="checkbox"/> All Ceramics Removable Partial Denture <input type="checkbox"/> Stayplate <input type="checkbox"/> Flexible Denture <input type="checkbox"/> Assembled Type <input type="checkbox"/> Ivocap <input type="checkbox"/> w/ wire clasps <input type="checkbox"/> One-piece Casting <input type="checkbox"/> w/ casted clasps <input type="checkbox"/> Flexible Combination <input type="checkbox"/> Thermosens <input type="checkbox"/> w/ One Piece Orthodontic Appliance <input type="checkbox"/> Hawley's Retainer <input type="checkbox"/> Transverse Expander <input type="checkbox"/> Straight Wire Retainer <input type="checkbox"/> Bionator <input type="checkbox"/> Sagittal Expander <input type="checkbox"/> Bite Splint <input type="checkbox"/> Base: _____ Clear <input type="checkbox"/> Others: _____ Colored (_____) Complete Denture <input type="checkbox"/> Upper & Lower <input type="checkbox"/> Lower <input type="checkbox"/> Ivocap _____ <input type="checkbox"/> Upper <input type="checkbox"/> Flexible <input type="checkbox"/> Others _____ Others <input type="checkbox"/> Gold Mesh <input type="checkbox"/> Mouth Guard <input type="checkbox"/> Splint <input type="checkbox"/> Inlay / Onlay	SHADE GUIDE Indicate Characterization PONTIC DESIGN: 	

REMARKS:
 Upper - Ivocap
 Lower - Flexite
 Shade A3 - New Ace
 Please fabricate upper
customized tray.
 Lower > bite wax rim
 Upper

<input type="checkbox"/> Trial Fitting <input type="checkbox"/> Processing	Date of Delivery: <u>Please Deliver Saturday</u>
Amount: _____ Deposit: _____ Balance: _____	Received By: _____ Prepared By: <u>Aug. 27, 2022</u>

MIA ANNE VILLANUEVA-PEREZ
 D51105
 Lic. No.: _____ **DMD**

