



Dr. Mia Anne Villanueva - Perez

General Dentistry • Esthetic Dentistry • Practicing Orthodontics • Implant Dentistry

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DENTAL LABORATORY JOB PRESCRIPTION FORM

To: 6 rest.

Date: 08-25-22

Patient: <u>Aurora Saenz</u>		Age: _____	Sex: <u>F</u>
Case <u>Denture</u> Implant		Pontic <u>new</u> Shade <u>A2</u>	
<input type="checkbox"/> Fixed Partial Denture <input type="checkbox"/> Jacket Crown <input type="checkbox"/> Plastic <input type="checkbox"/> Ceramage <input type="checkbox"/> Emax <input type="checkbox"/> Zirconia <input type="checkbox"/> Porcelain <input type="checkbox"/> Tiltite Metal <input type="checkbox"/> Full Shell / Metal Crown <input type="checkbox"/> Indirect Composite <input type="checkbox"/> Veneers <input type="checkbox"/> Fused to Metal Crown <input type="checkbox"/> Fused to Tiltite Crown <input type="checkbox"/> All Ceramics <input type="checkbox"/> Stayplate <input type="checkbox"/> Assembled Type <input type="checkbox"/> w/ wire clasps <input type="checkbox"/> w/ casted clasps <input type="checkbox"/> Thermosens <input type="checkbox"/> Flexible Denture <input type="checkbox"/> Ivocap <input type="checkbox"/> One-piece Casting <input type="checkbox"/> Flexible Combination w/ One Piece <input type="checkbox"/> Hawley's Retainer <input type="checkbox"/> Straight Wire Retainer <input type="checkbox"/> Sagittal Expander <input type="checkbox"/> Base: _____ Clear <input type="checkbox"/> _____ Colored (_____) <input type="checkbox"/> Transverse Expander <input type="checkbox"/> Bionator <input type="checkbox"/> Bite Splint <input type="checkbox"/> Others: _____ <input type="checkbox"/> Upper & Lower <input checked="" type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Flexible <input checked="" type="checkbox"/> Ivocap <input type="checkbox"/> 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: <u>Upper - ivocap shade A2 - new w/ a c e</u> <u>Change to U-shape palate upper; extend the dentures to tubercity.</u> <u>please relieve torus of maxillary</u> <u>Thank you!</u>			
<input type="checkbox"/> Trial Fitting <input type="checkbox"/> Processing Amount: _____ Deposit: _____ Balance: _____		Date of Delivery: <u>pls. deliver on August 30, 2022 (Tues day)</u> Received By: _____ Prepared By: _____	

ESQUERRA, ANAINE CRISTINA DMD
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