



HELM DENTAL  
LABORATORY



DIGITAL ESTHETIC  
SOLUTIONS

# Digital Dentures RX

www.helmdentallaboratory.com | info@helmdentallaboratory.com

Main Laboratory: 2801 Capital St. Wylie, TX 75098 | 972-442-9772

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

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

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

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

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

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

Patient Name: \_\_\_\_\_

Sex: ☐ Male ☐ Female Age: \_\_\_\_\_

## DIGITAL PRINTED DENTURE PACKAGES (per arch)

- |                                                                                                                                                                              |                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|
| <input type="radio"/> Digital printed denture with printed teeth                                                                                                             | \$250.00         |
| <input type="radio"/> Digital printed denture with milled teeth (default)                                                                                                    | \$275.00         |
| <input type="radio"/> Digital printed denture with milled posterior teeth & individual anterior teeth                                                                        | \$295.00         |
| <input type="radio"/> Digital printed denture with all individual teeth                                                                                                      | \$350.00         |
| <input type="radio"/> <b>Optional:</b> Duplicate "rescue" denture- digital printed denture with all printed teeth <i>(ordered at time of original denture delivery only)</i> | \$195.00         |
| <input type="radio"/> <b>Optional:</b> Duplicate denture, identical to original <i>(ordered anytime with no changes)</i>                                                     | Same as original |

## DIGITAL DENTURE PRICING (per arch), includes:

- Digitization of models
- Choice of tooth type (printed, milled, individual, combo as outlines in pricing above)
- Optional printed try-in, monotone color
- Custom designed & printed final denture with patient ID

Please **PRINT** ALL information. Complete all sections that apply to this case & patient's **next** appointment. Keep a copy for your files. We will call you before proceeding if we have any questions.

If no choice is indicated, lab defaults, as indicated will be used.

## CASE INFORMATION

### TYPE OF DENTURE (select one)

- ☐ Immediate  
☐ Replacement

### ARCH SELECTION *(Please use separate RX for each arch)*

- ☐ Maxilla  
☐ Mandible

### TYPE OF IMPRESSION

- ☐ Scan / Digital

### NEXT APPOINTMENT (select one)

- ☐ **Optional:** Printed try-in, monotone color *(no charge but requires an additional appointment)*  
☐ Process & finish for final denture

### RECORDS *(Please check all that apply & enter info to right)*

- |                                                  |       |
|--------------------------------------------------|-------|
| <input type="radio"/> Final Shade                | _____ |
| <input type="radio"/> Photos (date sent to lab)  | _____ |
| <input type="radio"/> Cant corrections           | _____ |
| <input type="radio"/> Occlusal plane corrections | _____ |
| <input type="radio"/> Planned changes in VDO     | _____ |

## AESTHETIC INFORMATION

### TOOTH SET-UP (select one)

- ☐ Match existing teeth  
☐ Mould & Shape  
☐ Lab to select teeth (default)

### INCISAL SHOW / REVEAL (select one)

- ☐ Decrease \_\_\_\_\_ mm  
☐ Increase \_\_\_\_\_ mm  
☐ Leave incisal show / reveal as is (default)

### LIP SUPPORT (select one)

- ☐ Decrease \_\_\_\_\_ mm  
☐ Increase \_\_\_\_\_ mm  
☐ Leave lip support as is (default)

### TISSUE SHADE (select one)

- |                                                 |                                                   |
|-------------------------------------------------|---------------------------------------------------|
| <input type="radio"/> Original (Pink) (default) | <input type="radio"/> Light Reddish Pink (Medium) |
| <input type="radio"/> Light Pink (Light)        | <input type="radio"/> Dark Reddish Pink (Dark)    |

### ADDITIONAL INSTRUCTIONS: (Please print legibly)



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Doctor's Signature \_\_\_\_\_

License No. \_\_\_\_\_

The person signing this authorization and/or the dental practice accepts responsibility for payment of the related charges & agrees to pay all legal & collection costs in the event the account is in collections or litigation, including reasonable fees.