

Connect Us Digitally

- ☐ Itero
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- ☐ Freqty
- ☐ KP Digital

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DOCTOR IN CHARGE

PATIENT NAME

AGE

GENDER

M / F

DATE (Send to Lab)

REMOVABLE RX NO.:

Preliminary RPD Design Form

This form shall be submitted together with the Removable RX Form and Order Number.

RESTS

TOOTH NUMBER

Mesial Rest



Distal Rest



Cingulum Rest



CLASP TYPE

TOOTH NUMBER

Simple Circlet



RPI



Infrabulge/ CI-Bar



Ring Clasp



Embrasure Clasp



Back Action Clasp



Flexible Clasp



Gold Coated Clasp



Metal Pontic



GUIDE PLANES

TOOTH NUMBER

Mesial Guiding Plane



Distal Guiding Plane



MAXILARY/ MANDIBULAR MAJOR CONNECTORS



☐ Palatal Strap



☐ U Shaped



☐ Full Palatal



☐ Max AP Bar



☐ Lingual Bar

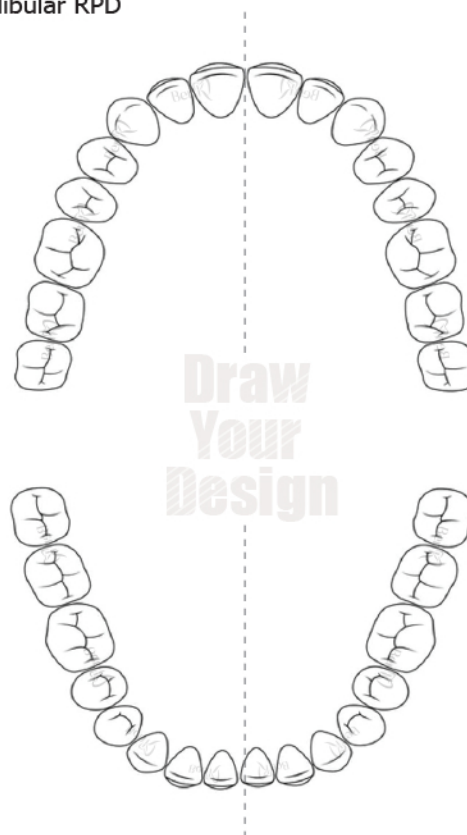


☐ Lingual Plate

Type of Prosthesis:

☐ Maxillary RPD

☐ Mandibular RPD



Instruction:

Dr's Chop
& Signature: