



Valplast International Corp.  
112 Mott Street  
Oceanside, NY 11572 USA  
(516) 442-3923

### Laboratory Prescription

Patient Name or Reference (required) \_\_\_\_\_

### Material Selection

- ☐ Valplast  
☐ Valplast With Metal Frame Combo

### Resin Shade

- ☐ Standard Pink    ☐ Light Pink    ☐ Dark Pink  
☐ Light Meharry    ☐ Meharry    ☐ Hard White

### Type of Restoration (Check all that apply)

- ☐ Full Upper    ☐ Full Lower    ☐ Upper Night Guard  
☐ Partial Upper    ☐ Partial Lower    ☐ Lower Night Guard  
☐ Unilateral Upper    ☐ Unilateral Lower    ☐ Gum Veneer  
☐ TMJ Upper    ☐ TMJ Lower    ☐ Reline/Rebase  
☐ Clasp Only    ☐ Tooth Addition  
☐ Other (Specify) \_\_\_\_\_

### Denture Teeth

Tooth Shade \_\_\_\_\_ Tooth Brand/Type: \_\_\_\_\_

### Special Preparation

- ☐ Immediate (Indicate teeth to extract): \_\_\_\_\_  
☐ Milling work \_\_\_\_\_

### Phase to complete at this time:

- ☐ Custom Tray
- ☐ Frame-Only Try-In
- ☐ Bite Block
- ☐ Try-In with Teeth
- ☐ Process and Finish
- ☐ Inject Only

### For Office Use Only:

Customer ID \_\_\_\_\_

Case ID \_\_\_\_\_

Schedule: \_\_\_\_\_

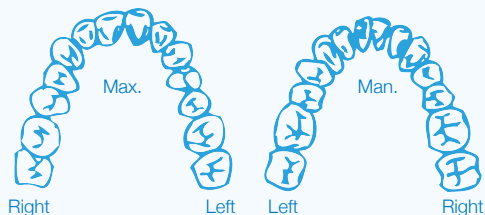
Valplast® Material Lot #: \_\_\_\_\_

Enclosures: \_\_\_\_\_

Shipping Notes: \_\_\_\_\_

Receive Dates: \_\_\_\_\_

Diagram:



### Written Instructions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ Please Call To Discuss: (Provide Phone #) \_\_\_\_\_

☐ Continued on back

Date Needed By: \_\_\_\_\_

Supplies Request: ☐ Rx Pads    ☐ Delivery Bags    ☐ Shipping Boxes

Dentist Name: \_\_\_\_\_ Signature: \_\_\_\_\_

License Number: \_\_\_\_\_

For Office Use Only:

Customer ID \_\_\_\_\_ Case ID \_\_\_\_\_



## Instructions to Lab:

By accepting this prescription you are agreeing to fill it using only Valplast® brand of flexible denture material as per the prescribing dentist's request. Substitution of any material other than Valplast® is to be considered trademark infringement and product substitution of a medical device.

Be sure to include the serial numbered Valplast® Certificate of Guarantee when delivering this and every Valplast case. Appliances can be authenticated and registered by entering this serial number at [www.valplast.com/register](http://www.valplast.com/register).

Thank you for choosing Valplast!

Questions? Comments? Suggestions? Contact us at (800) 843-2861 (toll-free U.S. and Canada) or +1 (516) 442-3923 (International) or visit [www.valplast.com](http://www.valplast.com).

*All Valplast Denture Base Materials  
Made in the U.S.A. by:*

Valplast International Corp.  
112 Mott Street  
Oceanside, NY 11572 USA  
Phone: (516) 442-3923  
[www.valplast.com](http://www.valplast.com)

*Valplast Restorations Made by:*

*(Place Lab Info Here)*