

Mouthguard Prescription

This is my first case with PDR Lab

Doctor Name _____

Practice Name _____

Address _____

Phone _____

E-mail _____

Patient Name _____

Patient Chart # _____ M F Age _____

Rx Date _____ Due Date/Delivery by 5pm on _____

Case turnaround times are based on the date the prescription is received at PDR Lab.

Please allow at least 10 business days (M-F) from that date.

Protection Level 1 2 3 4 5 6

Strap with strap without strap

Occlusal Indexing Yes No

Solid Colors

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Deep Black | <input type="checkbox"/> Silver |
| <input type="checkbox"/> Light Blue | <input type="checkbox"/> Bright Blue |
| <input type="checkbox"/> Dark Blue | <input type="checkbox"/> Bright Pink |
| <input type="checkbox"/> Bright Red | <input type="checkbox"/> Deep Red |
| <input type="checkbox"/> Maroon | <input type="checkbox"/> Lilac |
| <input type="checkbox"/> Bright Yellow | <input type="checkbox"/> Yolk Yellow |
| <input type="checkbox"/> Gold | <input type="checkbox"/> Bright Green |
| <input type="checkbox"/> Deep Green | <input type="checkbox"/> Transparent |
| <input type="checkbox"/> White | |

Multicolors and Patterns

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Goldflakes | <input type="checkbox"/> Silverflakes |
| <input type="checkbox"/> Confetti | <input type="checkbox"/> Zebra |
| <input type="checkbox"/> Lava | <input type="checkbox"/> Lava-strip |
| <input type="checkbox"/> Tie-Dye | <input type="checkbox"/> Rainbow |
| <input type="checkbox"/> Camouflage | <input type="checkbox"/> Camouflage-strip |

Special Instructions:

For best results, please include:

- Upper and Lower Impressions/Models (free from voids or air bubbles)
- Construction Bite with a spacing of 4-5mm

Doctor Signature

License #: _____

Script has been reviewed for accuracy, legibility and completion.
Impressions have been approved by the doctor.



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