Rayven Lab

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Case #
Rx Date :
Date Due in Office:
(Deliver 5pm)

Doctor's Name (Please Print)

Doctor's Address

Patient's Name ☐ M ☐ F

Sex Age

TRY IN INSTRUCTIONS RESTORE FOR TRY IN PROCESS AND FINISH

TRY IN INSTRUCTIONS		**SHADE**	
☐ ON	☐ OFF	☐ ON	☐ NEW SHADE ☐
	ADJUST ☐ MM PAT RIGHT	**TOOTH SIZE IS**	
	ADJUST ☐ MM PAT LEFT	☐ ON	☐ CHANGE SIZE
INCISAL EDGE IS		DESCRIBE CHANGE:	
☐ ON	☐ OFF		
INSTRUCTIONS:		**TOOTH SHAPE IS**	
		☐ ON	☐ CHANGE SHAPE
MAX TOOTH LENGTH IS			☐ SQUARE
☐ ON	☐ ADJUST MAX		☐ TRIANGULAR
	SHORTEN ☐ MM		☐ RECTANGULAR
	LENGTHEN ☐ MM		☐ OVID
INCISAL EDGE IS		**VDO**	
☐ ON	☐ ADJUST MAND	☐ ON	☐ ADJUST VDO
	SHORTEN ☐ MM		CLOSE ☐ MM
	LENGTHEN ☐ MM		OPEN ☐ MM

℞ **SPECIFIC INSTRUCTIONS:**