

1 Dr. (name):

Post code: Mobile:

Account number:

2 Patient (name):

M F

Date of birth (d/m/y):

3 **■ DENTURE**

CLASSES *BASIC* *COMFORT* *DELUXE*

STAGE		DELIVERY DATE
<input type="checkbox"/> SPECIAL TRAY	U <input type="checkbox"/> L <input type="checkbox"/>/...../.....
<input type="checkbox"/> BITE	U <input type="checkbox"/> L <input type="checkbox"/>/...../.....
<input type="checkbox"/> TRY IN	U <input type="checkbox"/> L <input type="checkbox"/>/...../.....
<input type="checkbox"/> FINISH	U <input type="checkbox"/> L <input type="checkbox"/>/...../.....
<input type="checkbox"/> FINISH IN ONE SESSION	U <input type="checkbox"/> L <input type="checkbox"/>/...../.....

Immediate denture teeth on:

Clasps on:

SHADE -VITA CLASSIC -

	8	7	6	5	4	3	2	1	U	1	2	3	4	5	6	7	8	
R	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	L
	8	7	6	5	4	3	2	1	L	1	2	3	4	5	6	7	8	

■ DENTURE RELATED SERVICES

Denture repair → Mesh
→ NO Mesh

Welding of pin to frame

Tooth addition, on:

Denture reline → Soft
→ Hard

■ THERMOFORMED APPLIANCES

Night guard

Sports guard → COLOUR

(please see the enclosed Pro-form leaflet)

Essex retainer

Whitening tray

Hybrid mouthguard

Temporary crown stent

■ APPLIANCES FROM ACRYLICS

Michigan splint

Implant guide

Palatal expander

Hawley retainer

■ OTHERS

Study models
→ Orthodontically trimmed

Wax-up, on:

■ Additional instructions: