



ORDER FORM - REMOVABLE PROSTHODONTICS

Date:

Dentist:

Address:

.....

..... Post Code:

Phone:

Email:

Patient Name:

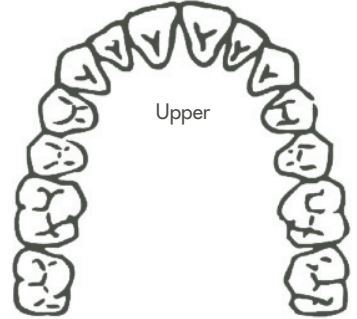
Work Required by:

INSTRUCTIONS

MHRA Registered

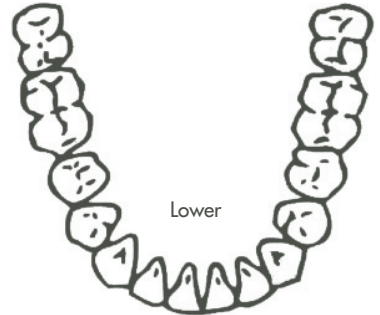
ISO 9001:2015 Accreditation

SHADE



Right

Left



- P/- CASTING
- /P CASTING
- P/- CASTING and try in with teeth
- /P CASTING and try in with teeth
- P/- CASTING and process
- /P CASTING and process
- Proceed to finish
- Titanium Casting

- P/- Acrylic (try in only)
- /P Acrylic (try in only)
- P/- Acrylic (straight to finish)
- /P Acrylic (straight to finish)
- F/- try in with teeth
- /F try in with teeth
- F/- process
- /F process

- Immediate Replacement
(list teeth numbers) _____
- High Impact Acrylic
- Tooth Coloured Clasps (list teeth
numbers & shade) _____
- Flexible Resin Base

- Wax Rim Upper Lower
- Special Tray Upper Lower
- Bleaching Tray Upper Lower

- Michigan Splint
- Gelb Splint

- Anti-Snoring device
(specify type) _____
- Orthodontic Appliance
(please specify) _____
- Mouth Guard