

REMOVABLE PROSTHODONTICS

Practice Name _____	Patient ID _____	Email _____
Invoice Address _____	Dentist Name _____	Date _____
Tel _____	City Country _____	

New Case
 Continuation/Remake
 Work Required by Day
 Month

RANGE

Turnaround time: **9 working days**

Metal Partial

	U	L
Casting (Frame)	<input type="checkbox"/>	<input type="checkbox"/>
Casting (Frame) with wax rim	<input type="checkbox"/>	<input type="checkbox"/>
Casting & Try-in with teeth	<input type="checkbox"/>	<input type="checkbox"/>
Casting Process/Finish	<input type="checkbox"/>	<input type="checkbox"/>

Denture Preparation

Special Tray	<input type="checkbox"/>	<input type="checkbox"/>
Wax Rim	<input type="checkbox"/>	<input type="checkbox"/>

Acrylic
 Flexible Denture

Partial:

Try-in	<input type="checkbox"/>	<input type="checkbox"/>
Finish	<input type="checkbox"/>	<input type="checkbox"/>

Full: (Non Flexible)

Try-in	<input type="checkbox"/>	<input type="checkbox"/>
Finish	<input type="checkbox"/>	<input type="checkbox"/>

Standard
 High-Impact Acrylic

Immediate Replacement
 _____|_____

Tooth-Coloured
 Clasps Shade: _____|_____

Clear Clasps
 _____|_____

Orthodontic Appliances

	U	L
Active ROA (Draw Design Below)	<input type="checkbox"/>	<input type="checkbox"/>
Fixed Devices (Draw Design Below)	<input type="checkbox"/>	<input type="checkbox"/>
Essix Retainer	<input type="checkbox"/>	<input type="checkbox"/>
Hawley Retainer	<input type="checkbox"/>	<input type="checkbox"/>
Memosil lingual wire stent	<input type="checkbox"/>	<input type="checkbox"/>

Occlusal Splints

Flat Plane Hard	<input type="checkbox"/>	<input type="checkbox"/>
Flat Plane Hard/Soft	<input type="checkbox"/>	<input type="checkbox"/>
Flat Plane Soft	<input type="checkbox"/>	<input type="checkbox"/>
Tanner/Michigan (Canine Rise) Hard	<input type="checkbox"/>	<input type="checkbox"/>
Tanner/Michigan (Canine Rise) Hard/Soft	<input type="checkbox"/>	<input type="checkbox"/>
Soft Splint	<input type="checkbox"/>	<input type="checkbox"/>
Soft Splint with Canine Rise/Ramp	<input type="checkbox"/>	<input type="checkbox"/>
Gelb	<input type="checkbox"/>	<input type="checkbox"/>
NTI	<input type="checkbox"/>	<input type="checkbox"/>

Miscellaneous

	Soft	Hard	U	L
Mouthguard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bleaching Trays			<input type="checkbox"/>	<input type="checkbox"/>
Denture repair			<input type="checkbox"/>	<input type="checkbox"/>

Anti-Snoring Device

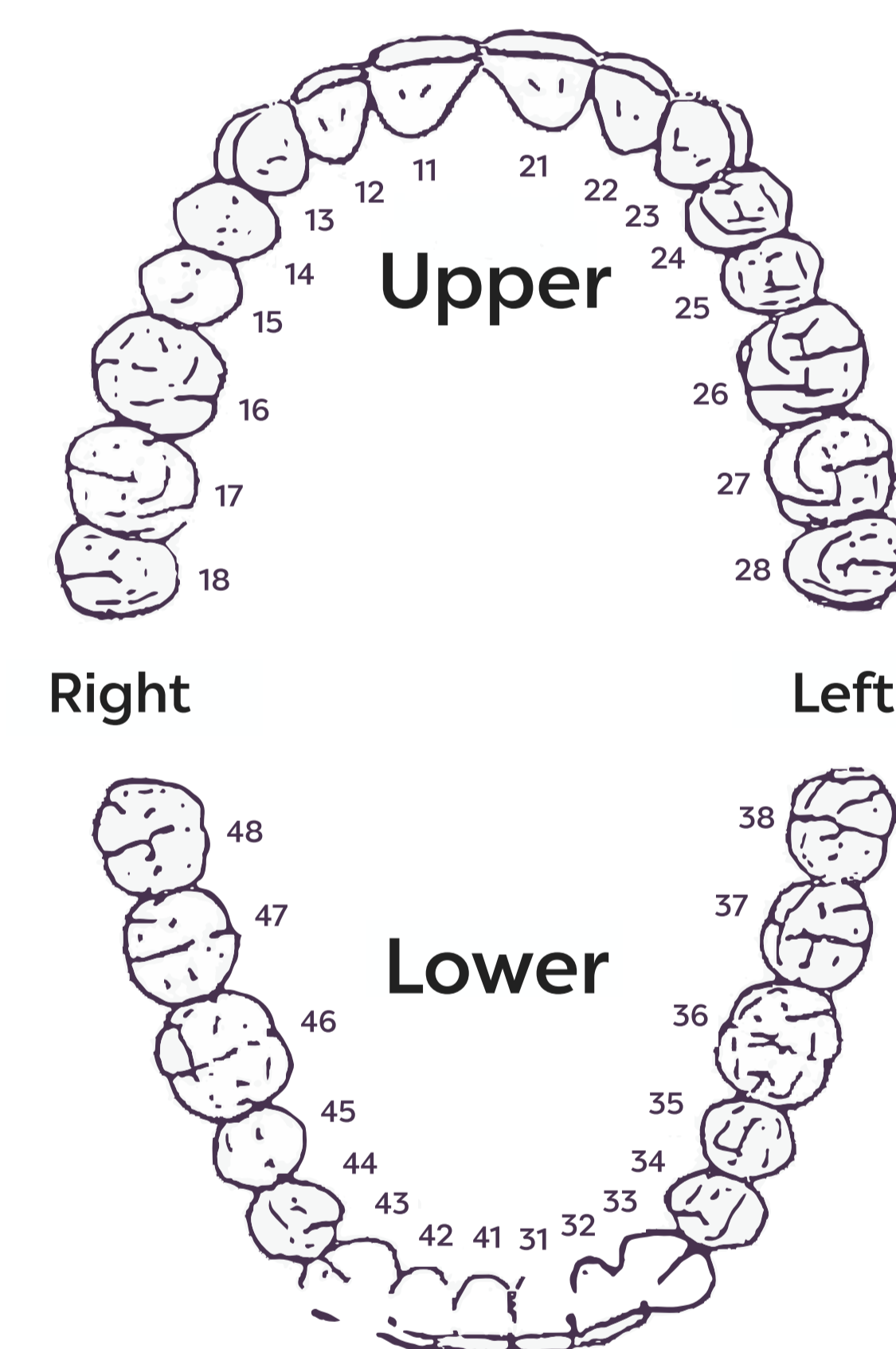
EMA	<input type="checkbox"/>
Silensor SL	<input type="checkbox"/>
Moses (Snoring +/- sleep apnoea)	<input type="checkbox"/>

MATERIAL ENCLOSED

Please tick ☑

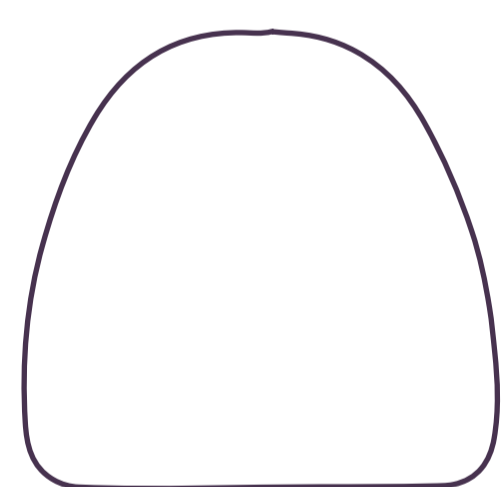
	DR	BL
Triple Tray	<input type="checkbox"/>	<input type="checkbox"/>
Upper Impression	<input type="checkbox"/>	<input type="checkbox"/>
Lower Impression	<input type="checkbox"/>	<input type="checkbox"/>
Upper Model	<input type="checkbox"/>	<input type="checkbox"/>
Lower Model	<input type="checkbox"/>	<input type="checkbox"/>
Bite Registration (over prepared abutment)	<input type="checkbox"/>	<input type="checkbox"/>
Previous Veneers/Crown/Bridge	<input type="checkbox"/>	<input type="checkbox"/>
Previous Study Models to return	<input type="checkbox"/>	<input type="checkbox"/>
Articulator	<input type="checkbox"/>	<input type="checkbox"/>
Denture	<input type="checkbox"/>	<input type="checkbox"/>
Veneers	<input type="checkbox"/>	<input type="checkbox"/>
Implant Component	<input type="checkbox"/>	<input type="checkbox"/>
P/C (Post Core)	<input type="checkbox"/>	<input type="checkbox"/>
Shade Tab	<input type="checkbox"/>	<input type="checkbox"/>
Voucher Attached	<input type="checkbox"/>	<input type="checkbox"/>
Images to be emailed	<input type="checkbox"/>	<input type="checkbox"/>

TEETH CHART



SHADE

(Please email images)



ADDITIONAL INSTRUCTIONS

Prescriber Feedback:

To enable our dental laboratory to comply with the Medical Devices Regulations for Post Market Surveillance, please inform us of any feedback or issues regarding the device(s) on receipt as soon as possible.