



ORDER FORM - REMOVABLE PROSTHODONTICS

ADDITIONAL INSTRUCTIONS

Account Number

Dentist.....

Invoice Name

Date.....

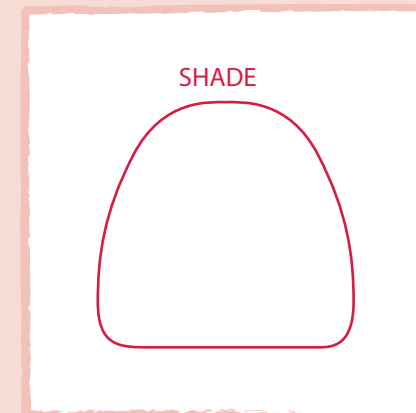
Address

Phone.....

Email.....

Patient Name.....

Work Required By



SPECIFY TURN AROUND TIME

8 working days from date of receipt

Please allow 11 working days for PROCERA & IMPLANTS
NOTE : THESE CASES CANNOT BE PROCESSED EXPRESS

7 day express from date of receipt

NOTE : EXPRESS CASES INCUR A 10% SURCHARGE

P/- CASTING

-P CASTING

P/- CASTING and try in with teeth

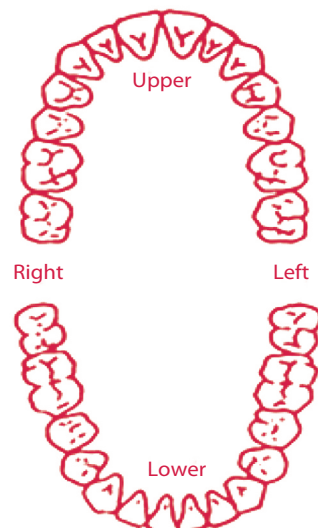
-/P CASTING and try in with teeth

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 and shade)

Flexible Resin Base

Wax Rim

Special Tray

Bleaching Tray

Michigan Splint

Gelb Splint

NTI Splint

Anti-Snoring device

(specify type).....

Orthodontic Appliance

(please specify).....

Mouth Guard

OFFICE USE ONLY:

- SPU
- Articulator
- Wax rim
- Model
- Denture teeth
- Impression
- Denture
- Bite
- Chrome Casting

PLEASE EMAIL DIGITAL IMAGES TO australia@scdlab.com