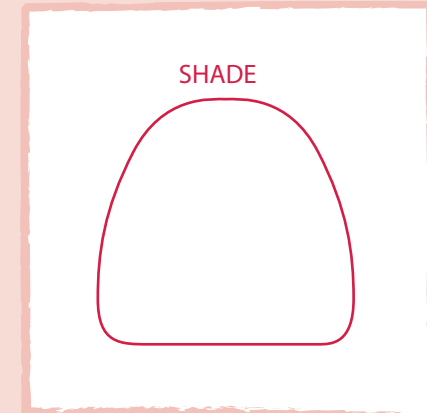




**ORDER FORM - REMOVABLE PROSTHODONTICS**

ADDITIONAL INSTRUCTIONS

Dentist.....  
Invoice Name.....  
Date.....  
Address.....  
.....  
Phone.....  
Email.....  
Patient Name.....  
Work Required By.....



**SPECIFY TURN AROUND TIME**

10 working days from date of receipt

Please allow 13 working days for PROCERA & IMPLANTS  
NOTE : THESE CASES CANNOT BE PROCESSED EXPRESS

Express

NOTE : EXPRESS CASES INCUR A 10% SURCHARGE

P/- CASTING

-P CASTING

P/- CASTING and try in with teeth

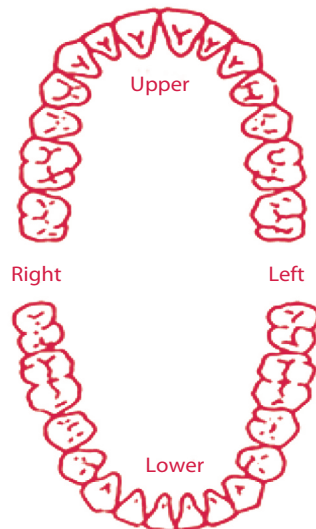
-/P CASTING and try in with teeth

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