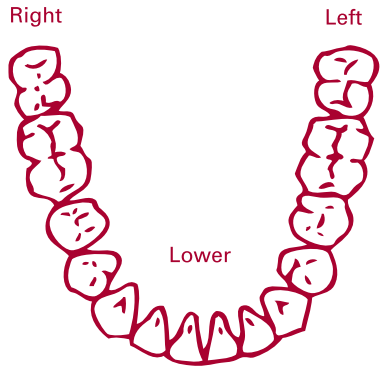
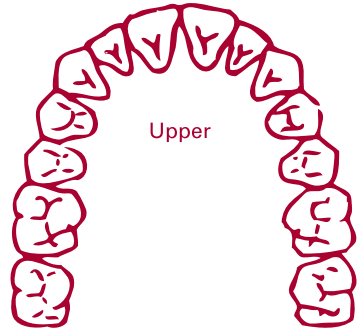


ORDER FORM-REMOVABLE PROSTHODONTICS

Date:
Dentist:
Address:
.....
..... Post Code:
Phone:
Email:
Patient Name:
Work Required by:

SHADE



INSTRUCTIONS

- 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
- Special Tray
- Bleaching Tray
- Michigan Splint
- Gelb Splint
- NTI Splint
- Anti-Snoring device
(specify type) _____
- Orthodontic Appliance
(please specify) _____
- Mouth Guard

GDC Registered
MHRA Registered
ISO 13485:2003 Accreditation