SOUTHERN CROSS
DENTAL LABORATORIES

ORDER FORM

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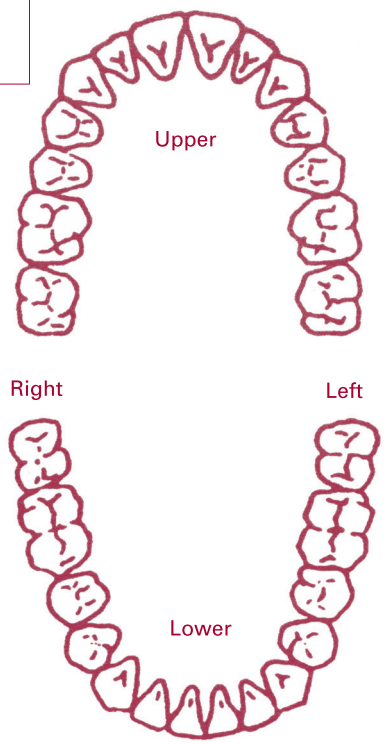
REMOVABLE PROSTHODONTICS

Date .....
Dentist .....
Address .....
.....
.....
.....
Email .....
Phone .....
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 and shade) _____
- ☐ Flexible Resin Base

- ☐ Wax Rim
- ☐ Special Tray
- ☐ Bleaching Tray

- ☐ Soft Splint
- ☐ Hard/Soft Splint
- ☐ Hard Acrylic Splint

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

For Office Use Only