

Dentist _____ Invoice Name _____

Invoice Address _____ Suburb _____ Postcode _____

Tel _____ Email _____

Patient ID _____ Date _____



BATCH # (Office only)

Patient ID - Please do not use patient's name unless consent is provided, and appropriate form/s have been completed.

☐ New Case ☐ Continuation/Remake

Account Number ☐ ☐ ☐ ☐ ☐

Work Required by ☐ ☐ Day ☐ ☐ Month

SCD RANGE *If Range has not been selected it will default to SCD Range

For turnaround times please refer to price list.

Denture Preparation

Special Tray ☐ U ☐ L
Wax Rim ☐ ☐

Metal Partials

Casting (Frame) ☐ ☐
Casting (Frame) with wax rim ☐ ☐
Casting & Try-in with teeth ☐ ☐
Casting Process/Finish ☐ ☐

☐ Acrylic (Default) ☐ Flexible Denture ☐ Digital

Partial:

Try-in ☐ ☐
Finish ☐ ☐

Full: (Non Flexible)

Try-in ☐ ☐
Finish ☐ ☐

☐ Replica Denture
☐ Standard
☐ High-Impact Acrylic

☐ Immediate Replacement _____

☐ Tooth-Coloured Clasps Shade: _____

☐ Clear Clasps _____

Occlusal Splints

Flat Plane Hard ☐ U ☐ L
Flat Plane Hard/Soft ☐ ☐
Michigan (Canine Rise) Hard ☐ ☐
Michigan (Canine Rise) Hard/Soft ☐ ☐
Soft Splint ☐ ☐
Gelb ☐ ☐
NTI ☐ ☐

Orthodontic Appliances

Active ROA (Draw Design Below) ☐ ☐
Fixed Devices (Draw Design Below) ☐ ☐
Essix Retainer ☐ ☐
Hawley Retainer ☐ ☐
Memosil lingual wire stent ☐ ☐

Anti-Snoring Device

EMA ☐ ☐
Silensor SL ☐ ☐
Moses (Snoring +/- sleep apnoea) ☐ ☐

Miscellaneous

Mouthguard Junior (3mm) ☐ ☐
Mouthguard Standard (5mm) ☐ ☐
Mouthguard Professional (6mm + 3mm) ☐ ☐
Bleaching Trays ☐ ☐
Denture repair ☐ ☐

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Denture Preparation

Special Tray ☐ U ☐ L
Wax Rim ☐ ☐

☐ Acrylic (Default) ☐ Flexible Denture ☐ Digital

Partial:

Try-in ☐ ☐
Finish ☐ ☐

Full: (Non Flexible)

Try-in ☐ ☐
Finish ☐ ☐

☐ Replica Denture
☐ Standard
☐ High-Impact Acrylic

Metal Partials

Casting (Frame) ☐ ☐
Casting (Frame) with wax rim ☐ ☐
Casting & Try-in with teeth ☐ ☐
Casting Process/Finish ☐ ☐

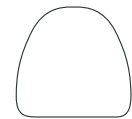
Other Products

Occlusal Splint (Hard/Soft) ☐ ☐
Occlusal Splint (Hard) ☐ ☐
Occlusal Splint Nightguard (Soft) ☐ ☐
Bleaching Splint ☐ ☐
Mouthguard Junior (3mm) ☐ ☐
Mouthguard Standard (5mm) ☐ ☐
Mouthguard Professional (6mm + 3mm) ☐ ☐
Denture repair ☐ ☐

TEETH CHART

ADDITIONAL INSTRUCTIONS

SHADE (please email images)



MATERIAL ENCLOSED

Please tick ☒

	DR	SCD
Denture Teeth	<input type="radio"/>	<input type="radio"/>
Upper Teeth set on Wax	<input type="radio"/>	<input type="radio"/>
Lower Teeth Set on Wax	<input type="radio"/>	<input type="radio"/>
Upper Model or Impression	<input type="radio"/>	<input type="radio"/>
Lower Model or Impression	<input type="radio"/>	<input type="radio"/>
Upper Wax Rim	<input type="radio"/>	<input type="radio"/>
Lower Wax Rim	<input type="radio"/>	<input type="radio"/>
Bite Registration	<input type="radio"/>	<input type="radio"/>
Upper Framework	<input type="radio"/>	<input type="radio"/>
Lower Framework	<input type="radio"/>	<input type="radio"/>
Articulator	<input type="radio"/>	<input type="radio"/>
Upper Final Denture to Adjust	<input type="radio"/>	<input type="radio"/>
Lower Final Denture to Adjust	<input type="radio"/>	<input type="radio"/>
Upper or Lower previous	<input type="radio"/>	<input type="radio"/>
Denture to return as a guide	<input type="radio"/>	<input type="radio"/>
Voucher Attached #	<input type="radio"/>	<input type="radio"/>
Images to be emailed	<input type="radio"/>	<input type="radio"/>