

CUSTOMER:

DOCTOR:

PATIENT:

AGE:
☐ New Case ☐ Remake ☐ Male ☐ Female

REMOVABLE

Acrylic Full Denture

- ☐ Set-up
☐ Finish

Acrylic Partial Denture

- ☐ Set-up
☐ Finish

Valpast

- ☐ Set-up
☐ Finish

Miscellaneous

- ☐ Custom Tray
☐ Bite Block
☐ Metal strengthener
☐ Mesh
☐ Night Guard
☐ Hard ☐ Soft ☐ Hard/Soft
☐ Bleaching Tray
☐ Denture Repair/Reline

Cast Partial Denture

- ☐ Metal Frame Work
☐ Metal Frame Work - Teeth Try-In
☐ Metal Frame Work - Finish

Immediates

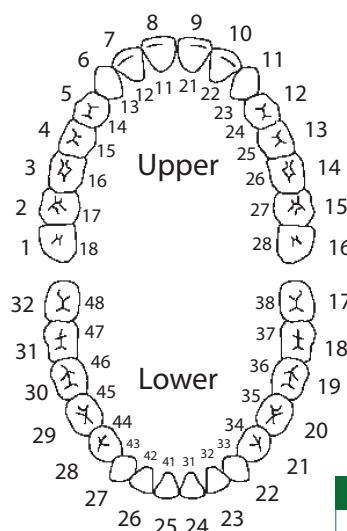
- ☐ Extract All
☐ Extract Tooth #.....

Teeth

- ☐ Standard Teeth
☐ Upgrade Teeth.....

Case no:

Due date:



Enclosed With Case

- ☐ Impression U/L
☐ Bite
☐ Models U/L
☐ Photos
☐ Articulator
☐ Study model
☐ Crowns
☐ Others.....

Final shade



INSTRUCTIONS: