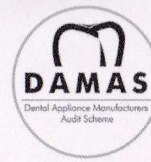


# DENTURE ORDER



'IN PURSUIT OF EXCELLENCE'

PRESCRIBING DENTIST: \_\_\_\_\_

PRACTICE NAME: \_\_\_\_\_

PATIENT: \_\_\_\_\_

**APPOINTMENTS**

	DAY	MONTH	TIME	
PRIMARY IMPRESSIONS	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>
SPECIAL TRAY IMPRESSIONS	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>
OCCCLUSION RIMS	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>
GOthic ARCH	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>
COBALt CHROME	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>
TRY-IN	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>
RE-TRY	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>
FINISH	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>

**PREMIUM DENTURE SERVICE**

DIAMOND DENTURE

PLATINUM DENTURE

GOLD DENTURE

**PRIVATE DENTURE SERVICE**

Acrylic: IvoBase  ProBase

Teeth: Phonares II  Vivodent

Ivostar

Equivalent products may be used

**BASIC TEMPORARY DENTURE**

**CHROME** PLATE

SKELETON

ENCLOSED MESH

**EXTRAS**

GUM TINTING

CONTOURED PALETTE

SOFT LINING

CLASPS

**OFFICE USE ONLY**

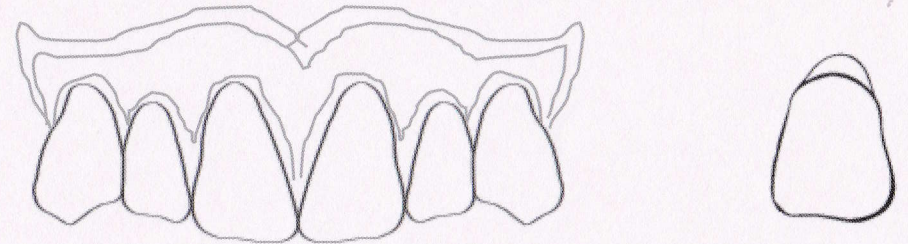
LAB CODE		RECEIVED:				DELIVERED							
MODELS		OCCLUSAL RIM		SPECIAL TRAYS		TRY IN NO.1		TRY IN NO.2		FINISH		INSPECT	DESPATCH
TECH	CHECK	TECH	CHECK	TECH	CHECK	TECH	CHECK	TECH	CHECK	TECH	CHECK		
RUBBER IMP ↑ ↓		ALGINATES ↑ ↓		STUDY MODELS ↑ ↓		OTHER							

Upper Full  Lower Full

Upper Part  Lower Part

Partial Notation

**ILLUSTRATE CHARACTERISTICS**



SOFT  BOLD

YOUTHFUL  YOUTHFUL

UNIVERSAL  UNIVERSAL

MATURE  MATURE

SPECIFIC MOULD: \_\_\_\_\_

SHADE: \_\_\_\_\_

**NOTES**