

Account Number Treating Dentist
 Address
 Phone Number Email
 Patient Name Patient Age Male Female

If patient name is listed here, please ensure you have written patient consent.

Work required by date Day Month

Splints

- Premium Splint (Digitally Made)*
 - Nylon Splint*
 - Hard/Soft Splint**
- *Canine Guidance Yes No
 ^Acrylic Addition Yes No
 **Please be advised if box isn't ticked, we will manufacture splint best suited to the patient requirements.

- Night Splint (Soft)

Dentures - Preparation

Special Tray U L
 Wax Rim U L

Dentures - Partial

Try-in U L
 Finish U L
 Acrylic (Default) Flexible Denture

Dentures - Metal Partials

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

Additional Information

Dentures - Full (Non Flexible)

Try-in U L
 Finish U L
 Replica Denture Standard
 Immediate Replacement

Other

- Bleaching Trays Snore Appliance
- Denture Repair Orthodontic Retainer
- Temporary Crown Vacuum Shell
- Temporary Crown Vacuum Shell (with tooth)

PROFORM Mouthguards

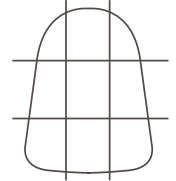
- Proform standard mouthguard
- Proform professional dual mouthguard
- Proform professional plus mouthguard
- Colour:
- Name on Mouthguard (Double & Professional only)
If box is unticked, no name will be added

Specify name:

Promo Code

Shade

(please email images)



Select teeth numbers:

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

Materials Enclosed

Please tick Dr Precision

<input type="checkbox"/> Triple Tray	<input type="checkbox"/> Triple Tray	<input type="checkbox"/> Upper Final Denture to Adjust	<input type="checkbox"/> Bite Registration
<input type="checkbox"/> Upper Impression	<input type="checkbox"/> Upper Wax Rim	<input type="checkbox"/> Lower Final Denture to Adjust	<input type="checkbox"/> Previous splint/appliance
<input type="checkbox"/> Lower Impression	<input type="checkbox"/> Lower Wax Rim	<input type="checkbox"/> Upper or Lower Previous	<input type="checkbox"/> Shade Tab
<input type="checkbox"/> Denture Teeth	<input type="checkbox"/> Articulator	<input type="checkbox"/> Upper Model	
<input type="checkbox"/> Upper Teeth set on Wax	<input type="checkbox"/> Upper Framework	<input type="checkbox"/> Lower Model	
<input type="checkbox"/> Lower Teeth set on Wax	<input type="checkbox"/> Lower Framework	<input type="checkbox"/> Denture to return as a guide	

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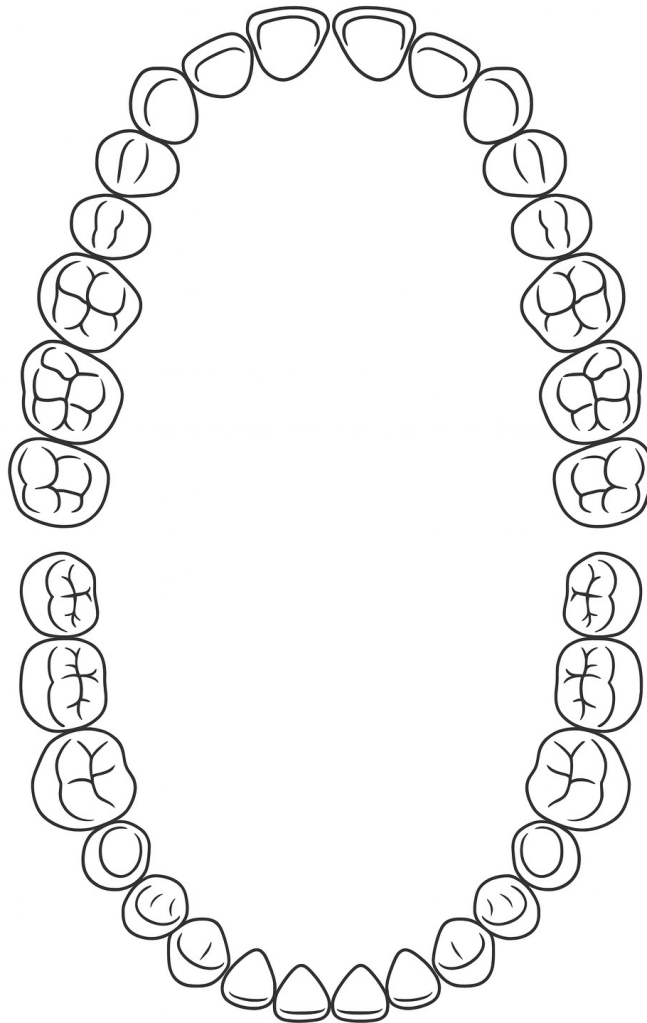
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Chrome (CoCr) Design Sheet

Design Chrome below, including rest seats (metal or distal), clap design, indirect retention, major connector and minor connector.



Additional Information