



## CONTACT DETAILS

Dentist Name \_\_\_\_\_ Job Number \_\_\_\_\_

Surgery Name \_\_\_\_\_ Your Reference \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

Patient's Name \_\_\_\_\_

Male  Female  D.O.B \_\_\_\_\_

Type Acrylic  Cobalt Chrome  Valplast

**Stage:**

U

L

**Delivery Date**

**Framework design:**

Special tray

...../...../.....

Lab to design

Bite

...../...../.....

See drawing

Try-in

...../...../.....

See model

Finish

...../...../.....

or Direct Finish

...../...../.....

-----  
**Clasp Type :** Wire  Clear  Thermo  Cast

Clasp on \_\_\_\_\_ | \_\_\_\_\_

-----  
Teeth to replace \_\_\_\_\_ | \_\_\_\_\_

Shade

## FURTHER INSTRUCTIONS

**Tray/Bite**

\_\_\_\_\_

**Try-in**

\_\_\_\_\_

**Re-Try**

\_\_\_\_\_

**Finish**