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## REMOVABLE ORDER FORM

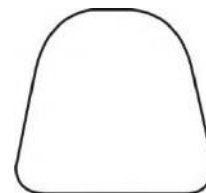
Case No.: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Doctor Name: \_\_\_\_\_

Received Date: \_\_\_\_\_

Shade: \_\_\_\_\_



SHADE

Due Date: \_\_\_\_\_

☐ UPPER

☐ LOWER

### Metal Partial

☐ Co-Cr

☐ Vitallium® 2000

☐ Metal Partial Try-in with Teeth

☐ Metal Partial Finish Only

☐ Metal Partial Finish Directly

### Printed Denture/ Partial

☐ Printed Acrylic Partial Denture

☐ Printed Acrylic Full Denture

### Acrylic Denture

☐ Partial Denture Try-in with Teeth

☐ Partial Denture Finish Only

☐ Partial Denture Finish Directly

☐ Full Denture Try-in With Teeth

☐ Full Denture Finish Only

☐ Full Denture Finish Directly

### Valplast/Flexible Denture

☐ Valplast Try-in With Teeth

☐ Valplast Finish Only

☐ Valplast Finish Directly

### Removable Extrals

☐ Custom Tray

☐ Repair

☐ Bleaching Tray

☐ Wax Bite Block

☐ Soft Reline

☐ Rebase

### Night Guard

☐ Hard

☐ Soft

☐ Soft Inside/Hard Outside

☐ Flat Plane

☐ Canine Rise Guidance

### Sports Mouthguard

☐ Single Layer

☐ Double Layer

☐ Triple Layer

Colour (Specify): \_\_\_\_\_

### Anti-Snoring Device

☐ Snore Guard

Type: \_\_\_\_\_

### Orthodontic

☐ Retainer

Type: \_\_\_\_\_

### Clasp Desgin

☐ Lab Select

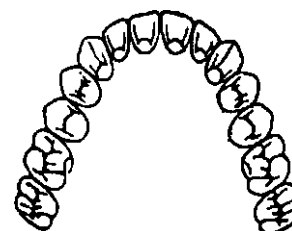
☐ Valplast

☐ Tooth Color

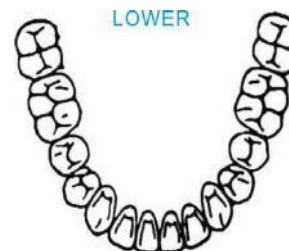
☐ Wire

☐ Clear Flexible

☐ Cast



UPPER



LOWER

## INSTRUCTIONS: