Removable Prostheses Order Form

(07) 35053980
T20C Ripley Town Centre
20 Main St, Ripley, QLD, 4306
cases@premiumdentallab.com.au

Account details:

Dentist Name: [ ]
Phone Number: [ ]
Account Number: [ ]

Practice Name: [ ]
Email Address: [ ]

Practice Address: [ ]

Case details:

Patient ID: (If using patient name, please ensure consent)
New Case [ ]
Continuation [ ]
Case sent: [ ] [ ]
Work Required by: [ ] [ ] AM/PM
(Allow 5 days in lab for acrylic, 10 days for chrome, and 3 days for repairs)

Dentures:

1. Select denture
   [ ] Full Denture
   [ ] Partial Denture
   [ ] Immediate Denture

2. Select Material
   [ ] Acrylic
   [ ] Chrome
   [ ] Valplast

3. Work Required (Select all that apply)
   [ ] Wax Rim
   [ ] Framework
   [ ] Tooth Setup
   [ ] Process (Finish)
   [ ] Repair
   [ ] Addition
   [ ] Reline

Other products:

[ ] Bleaching Tray
[ ] Retainer (Essix)
[ ] Study Model
[ ] Special Tray
[ ] Occlusal Splint (Keystone)
[ ] Hard/Soft Splint
[ ] Hard/Soft Splint with buildup

Mouthguards:

[ ] Junior
[ ] Light
[ ] Medium
[ ] Heavy

Details to add (Dual Layer only): (Please ensure clear and correct spelling)
Name: [ ]
Phone Number: [ ]

Additional details:

Select Teeth: (Mark O to add to denture and X for immediate replacement)
[ ] 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

Clasp Material:
[ ] Wire
[ ] Chrome
[ ] Valplast
[ ] Tooth Shade

Tooth Shape:
[ ] Rectangular
[ ] Square
[ ] Triangular
[ ] Ovoid

Teeth:
[ ] Standard Range
[ ] Premium Range
[ ] Chrome Backing

Tooth Shade

Design Overview:

Materials sent:
[ ] Upper/lower Impression
[ ] Bite Registration
[ ] Upper/Lower Model
[ ] Wax Rim
[ ] Chrome Frame
[ ] Waxup
[ ] Other: [ ]

Other: (Please Specify):

[ ] Photos sent via:
[ ] Digital scan sent via:

Additional instructions:

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