

Removable Prosthesis 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

Upper

Partial Denture

Lower

Immediate Denture

2. Select Material

Acrylic

Chrome

Valplast

3. Work Required (Select all that apply)

Wax Rim

Process (Finish)

Repair

Framework

Addition

Tooth Setup

Reline

Other products:

Bleaching Tray

Occlusal Splint (Keystone)

Retainer (Essix)

Hard/Soft Splint

Study Model

Hard/Soft Splint with buildup

Special Tray

Mouthguards:

Junior

Light

Medium

Heavy

Details to add (Dual Layer only):
(Please ensure clear and correct spelling)

Name:

Phone Number:

Logo (Email file to cases@premiumdentallab.com.au)

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:

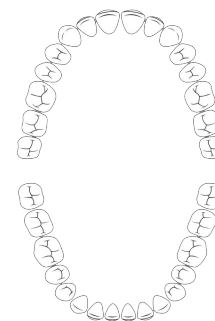
Standard Range

Premium Range

Chrome Backing

Tooth Shade

Design Overview:



Materials sent:

Upper/lower Impression

Bite Registration

Upper/Lower Model

Wax Rim

Chrome Frame

Waxup

Other: (Please Specify)

Photos sent via: _____

Digital scan sent via: _____

Additional instructions:
