

PROSTHETICS

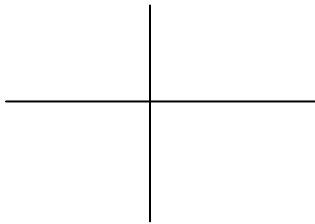
DENTIST _____

ADDRESS _____

PATIENT _____

DELIVERY DATE _____

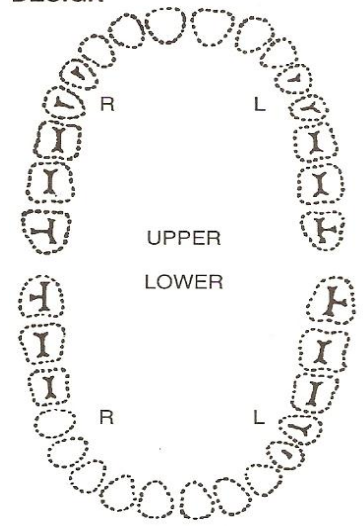
CHARTING



Shade (Vita)

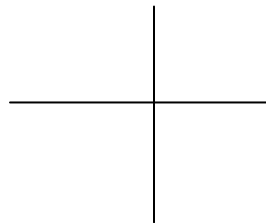
WORK REQUIRED	DELIVERY DATE
Bite Blocks	
Special Trays	
Chrome Frame	
Wax Trial	
Re-Trial	
Finish	
Other	

DESIGN



Special Instructions for Finish

Teeth to be extracted at fit stage



JOB TYPE	UPPER	LOWER
ACRYLIC DENTURE		
CHROME ONLY		
CHROME & ACRYLIC		

INSTRUCTIONS