

PROSTHETICS

Job No: _____

Prescribing Dentist: _____

Surgery Address: _____

Patient Name: _____

ENCLOSURES	
Models	
Upper	Lower
Impressions	
Upper	Lower
Bite Reg.	
Face Bow	
Other	
Code	

Please allow 2 working days before appointment	Date Required	
Bite Blocks		Tooth Notation: _____
Special Trays		
1st Try-in		Clasps on teeth: _____
2nd Try-in		
3rd Try-in		ADDITIONAL INSTRUCTIONS:
Finish		
<i>Acrylic</i>		SHADE: <input type="text"/>
<i>CO-CR</i>		
<i>PEAK</i>		
<i>Valplast</i>		
Bleaching Trays		
Protection appliance (Please state type)		
Study Models		
Additional notes attached		

DENTIST SIGNATURE:

Please ensure correct instructions and all enclosures have been disinfected

*This custom made Dental Appliance has been manufactured for the patient listed above.

Please record any modifications to original prescription and initial. **This appliance is supplied in a NON STERILE form.**

*Please note all accounts beyond our credit terms will be passed to our debt collection agency, Sinclair Goldberg Price Ltd. All accounts, without exception, will be subject to a surcharge of 15% plus VAT to cover our costs in recovery. These accounts will also be subject to any legal costs incurred in obtaining settlement.

Approved for release by: _____ *Office use only* Date: _____ *Office use only*