



DENTAL TECHNOLOGY SERVICES

# PROSTHETICS

## ORDER FORM

DENTIST  
Address

Postcode

Custom made device for the exclusive use of:  
PATIENT

STANDARD (NHS)

PREMIER

EXECUTIVE

**PLEASE RETURN MY CASE BY 4PM ON**

ORDER No.

CHARTING

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MOULD

SHADE

ACRYLIC DENTURE

CHROME & ACRYLIC

CLASPS

DESIGN

UPPER  
LOWER

NOTES

TYPE OF JOB	UPPER	LOWER
ACRYLIC DENTURE	<input type="checkbox"/>	<input type="checkbox"/>
CHROME ONLY	<input type="checkbox"/>	<input type="checkbox"/>
MOUTHGUARD	<input type="checkbox"/>	<input type="checkbox"/>

UPPER	LOWER
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

TYPE OF JOB	UPPER	LOWER
ORTHODONTIC	<input type="checkbox"/>	<input type="checkbox"/>
CHROME ONLY	<input type="checkbox"/>	<input type="checkbox"/>
BLEACHING APPLIANCE	<input type="checkbox"/>	<input type="checkbox"/>

SPECIAL TRAY DELIVERY DATE	INSTRUCTION NOTES	LAB USE ONLY
RECORD/CHROME BLOCK/BASE DELIVERY DATE		
TRIAL/CHROME BASE DELIVERY DATE		
RE-TRIAL DELIVERY DATE		
FINISH DELIVERY DATE		



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