UNICE
Dental Art Ltd.

233 Mayland Pl NE, Calgary, AB T2E 7Z8
Tel) 403-277-2515 Fax) 403-277-2518
Toll Free) 1-866-939-2515
Send photo by email to info@unicedental.com

Doctor: ______________________ Date: ______________

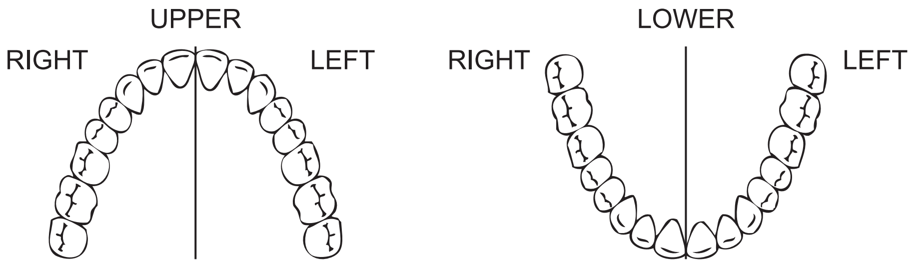
Patient: ______________________ Sex: _______ Age: ________

Time Wanted: ______________________________________

❑ Complete Denture ❑ Cast Partial ❑ Acrylic Partial

❑ Finish ❑ Wax Try-In ❑ Bite Block

❑ Reline ❑ Repair ❑ Custom Tray



PARTIAL DENTURE DESIGN

Rx_

SHADE ________________ MOLD ________________

❑ Patient will come for custom shade

❑ Teeth to be extracted: # ________________

Doctor's Signature ______________________