



Doctor

Clinic

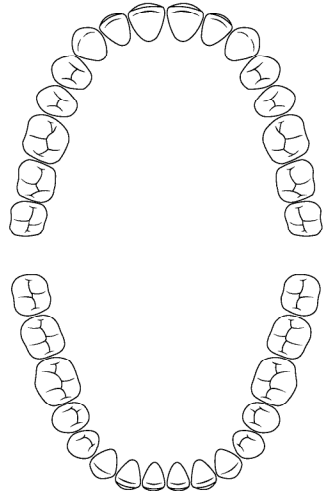
Date Received

Date Required

Patient Name

Teeth Shade

Case Description



Special Trays

- ☐ Perforated  
☐ Non-Perforated

High Impact Acrylic

- ☐ Yes  
☐ No

Wax Rims

- ☐ With Stabilised Base Plate  
☐ Without Stabilised Base Plate

Call Before Starting Case

- ☐ Yes  
☐ No

Date Required

Special Tray

Bite Rim

Try-In

Retry

Finish

Signature

Date