

Finish

Photos may be emailed to: admin@tsdentures.com.au

Job Number: _____

| Doctor | Clinic |
|--|---------------------------|
| Date Received | Date Required |
| Patient Name | Teeth Shade |
| Case Description | |
| Special Trays | High Impact Acrylic |
| Perforated Non-Perforated | Yes No |
| Wax Rims | Call Before Starting Case |
| With Stabilised Base Plate Without Stabilised Base Plate | Yes No |
| Date Required | |
| Special Tray | |
| Bite Rim | Signature |
| Try-In | Date |
| Retry | |

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