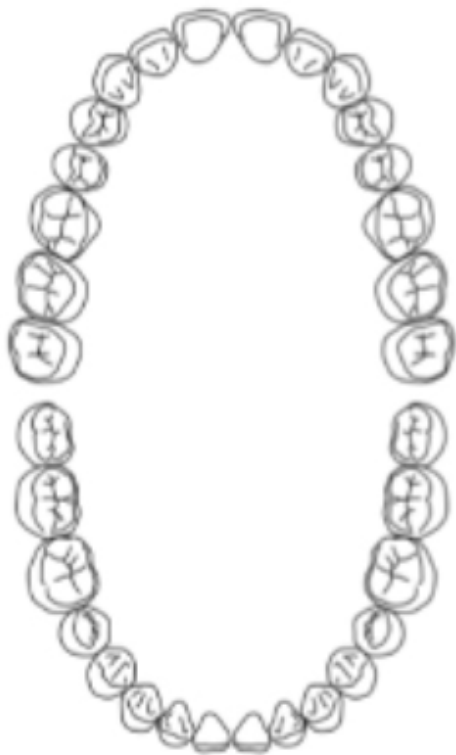




DENTIST:	DATE SENT:
SURGERY:	DATE REQ: (one day before fit)
PATIENT NAME:	DATE & TIME OF APPOINTMENT:

**DENTURE ORDER FORM**



SHADE REQ:

TEETH TO BE REPLACED:

CLASPS:

METAL

COLOUR

CLEAR

REST SEATS


**DENTURE DESIGN NOTES**

- Standard                       Premium  
 Cobalt Chrome                 Acrylic

**ITEMS INCLUDED**

# DENTURE STAGES

## 1. SPECIAL TRAY & BITE

Date req.  
(one day before appointment)

## 2. TRY-IN

Date req.  
(one day before appointment)

## 3. RE-TRY

Date req.  
(one day before appointment)

## 4. FINISH

Date req.  
(one day before appointment)