

Dentist: .....

Surgery: .....

Address: .....

Patient: .....

Date Required: .....

(day before patient's appointment)

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British Academy of  
Cosmetic Dentistry



# DENTURE ORDER FORM



Shade: .....

Teeth to be replaced: \_\_\_\_\_

Clasps: Metal: \_\_\_\_\_

Tooth Colour: \_\_\_\_\_

Clear: \_\_\_\_\_

Rest Seats: \_\_\_\_\_

### Denture Design Notes

Premium  Standard

Cobalt Chrome  Acrylic

More lab sheets required

Items Included:

# Denture Stages

Denture Stages	Comments	Please date day before appointment
<p><b>STAGE 1: Special Tray and Bite Record</b></p>	<p><i>Please note special trays and bite records will be supplied unless stated</i></p>	
<p>Tech:</p>		
<p><b>STAGE 2: Try-in</b></p>		
<p>Tech:</p>		
<p><b>STAGE 3: Re-try/Alterations</b></p>		
<p>Tech:</p>		
<p><b>STAGE 4: Finish</b></p>		
<p>Tech:</p>		

