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CUSTOMER:

DOCTOR:

PATIENT:

AGE:

☐ New Case

☐ Remake

☐ Male

☐ Female

REMOVABLE

Acrylic Full Denture

☐ Set-up

☐ Finish

Acrylic Partial Denture

☐ Set-up

☐ Finish

Valpast

☐ Set-up

☐ Finish

Miscellaneous

☐ Custom Tray

☐ Bite Block

☐ Metal strengthener

☐ Mesh

☐ Night Guard

☐ Hard ☐ Soft ☐ Hard/Soft

☐ Bleaching Tray

☐ Titanium Frame

☐ Denture Repair/Reline

Cast Partial Denture

☐ Metal Frame Work

☐ Metal Frame Work - Teeth Try-In

☐ Metal Frame Work - Finish

Immediates

☐ Extract All

☐ Extract Tooth #.....

Teeth

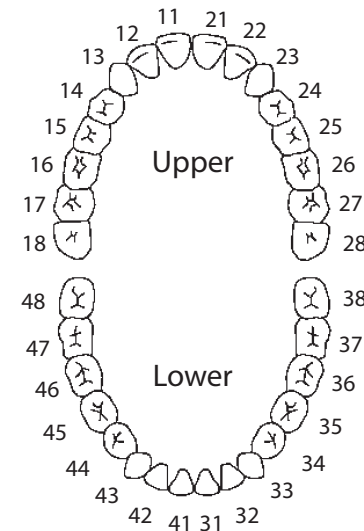
☐ Standard Teeth

☐ Upgrade Teeth.....

Case no:

Due date:

Final shade



Enclosed With Case

☐ Impression U/L

☐ Bite

☐ Models U/L

☐ Photos

☐ Articulator

☐ Study model

☐ Crowns

☐ Others.....

INSTRUCTIONS: