

INSTRUCTIONS

Address _____		DATE REQUIRED																			
Prescribing Dentist _____		TRAYS	5 Days in Lab please																		
Patients Name _____		BITES	5 Days in Lab please																		
Patients Ref/DOB _____		WAX TRYIN	5 Days in Lab please																		
INSTRUCTIONS: CHROME COBALT		CHROME ONLY	6 Days in Lab please																		
		CHROME & TRYIN	10 Days in Lab please																		
		RETRY	5 Days in Lab please																		
		FINISH	5 Days in Lab please																		
		FLEXIBLE	10 Days in Lab please																		
<table border="1"> <tr> <td></td> <td>U</td> <td>L</td> </tr> <tr> <td>Plate Design</td> <td>☐</td> <td>☐</td> </tr> <tr> <td>Skeleton Design</td> <td>☐</td> <td>☐</td> </tr> <tr> <td>Clasps</td> <td>☐</td> <td>☐</td> </tr> <tr> <td>Rests</td> <td>☐</td> <td>☐</td> </tr> <tr> <td>Backings</td> <td>☐</td> <td>☐</td> </tr> </table>			U	L	Plate Design	☐	☐	Skeleton Design	☐	☐	Clasps	☐	☐	Rests	☐	☐	Backings	☐	☐	C & B	10 Days in Lab please
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- ☐ C & B
☐ ACRYLIC
☐ CHROME
☐ PRIVATE
☐ NHS
☐ VITALLIUM
☐ IVOBASE
☐ DENTUVO
☐ FLEXIBLE
☐ FLEXIBLE CLASPS
☐ PBC
☐ ZIRCONIA/KIORI
☐ LITHIUM DISILICATE
☐ GOLD CROWN
☐ PMMA/COMPOSITE
☐ IMPLANT RETAINED/
☐ KIORI IMPLANTS
☐ CEMENT
☐ SCREW
☐ EMAIL
☐ PHOTO
☐ SHADE TAKE



LABORATORY USE ONLY										QUALITY CONTROL											DATE RECEIVED						Approved for Manufacture by		
IMPS or SCANS	U				MODELS	U				BITES	U				TRY IN	U				1st			3rd				1st		
	L					L					L					L													
OTHER						CROWNS				ARTICULATOR				DENTURES				2nd			4th				2nd				
Designed					Patterned					Models Inspected						Special Tray				Models Inspected			Bite				Clasps		
Finished					Checked					Try In						Re-Try				Finish			Final Quality Inspection				Dispatched		