

Please fill in CAPITAL

1

Dr. _____ (name) Post Code: _____
 Surgery: _____

PRIVATE

- ☐ Acrylic Denture
☐ Cobalt Chrome
☐ Flexible
☐ Vacuum Appliance

2

No patient personal data

Your Case Reference: _____ Initials: _____

Delivery date Always give us 7 full working days
 (d/m/y) ____ / ____ / ____ = 1 working day before the real appointment

Lab use only

3

Stage
Delivery Date

- ** ☐ Special tray U / L Date: ____ / ____ / ____
☐ Bite U / L Date: ____ / ____ / ____
☐ Try In U / L Date: ____ / ____ / ____
☐ Re_Try U / L Date: ____ / ____ / ____
 *** ☐ Finish U / L Date: ____ / ____ / ____
 *** ☐ or: Finish in one session U / L Date: ____ / ____ / ____

Extra Casting £

Extra Set-up £

Shade change £

4

Shade

Use VITA Classical guide



(please tick) R

U														L													
18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28												
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38												

5

Instructions:
PLEASE, tell us if roots / teeth will be extracted and at what stage
☐ Immediate denture teeth on: _____

→ ☐ @try in

☐ Make clasps on: _____

→ ☐ @finish

I have disinfected the impression with: _____
 by: _____

**PRIVATE
Only**

6

PRIVATE

Please always check the impression before sending. Poor impression may be liable to a minimum handling charge of £10.

* There is an additional cost for requesting delivery before 12pm

** If you have not ordered sp tray, you will charge for extra casting or set-up.

*** Finish stage means the dentist confirms all previous stages.

*** All the appliances will be fit on the cast based on the impression.