

Please fill in CAPITAL

1

Dr. _____ (name) Post Code: _____

Surgery: _____

2

No patient personal data

Your Case Reference: _____

3

Request delivery at least 1 working day before the real appointment

Consider delivery time till 5pm.

4

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: ____ / ____ / ____

PRIVATE

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

Lab use only

Extra Casting £

Extra Set-up £

Shade change £

5

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						

6

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

→ ☐ @try in

☐ Make clasps on: _____

→ ☐ @finish

I have disinfected the impression with: _____
by: _____

**PRIVATE
Only**

7

PRIVATE

Turnaround time (in lab)

Sp tray & bite 3 working days
Try-in / Re-try / Finish 4 working days
Straight to finish 7 working days
Denture Repairs 3 working days

* 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.

*** After finishing stage and mutual validation by the dentist and patient, any modifications or subsequent alterations to the appliance, will incur extra cost.

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