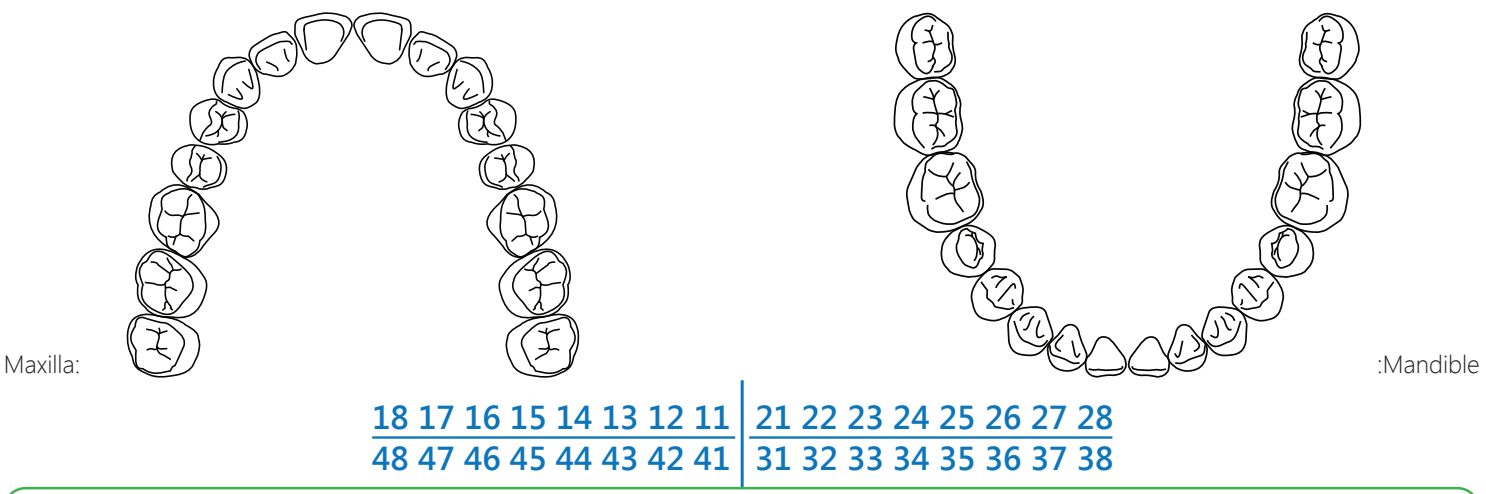


Client: Address:	Patient:
Tel:	DOB: Male / Female
	Shade: Mould:
	Level: 1 2 3 4

Prosthetic: Chrome Cobalt: Flexible: Crown & Bridge:

Special Tray: Bite: Metal Only: Flexible Frame Only:

Wax Try-in: Metal / Flexi + Try-in: Retry: Finish:



Client Notes:

FOR LAB USE ONLY:		APPROVED FOR MANUFACTURE BY:		APPROVED FOR RELEASE BY:			
CASE NUMBER:		NAME:	DATE:	NAME:	DATE:		
		SIGNED:		SIGNED:			
Special Tray	Bite	Co/Cr/Flexible	Try-in	Re-try	Finish	Addition / Repair	Mouthguard