

**China Address :**

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# REMOVABLE ORDER FORM

Case No.: \_\_\_\_\_

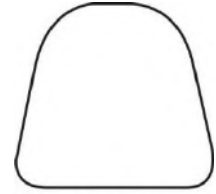
Patient Name: \_\_\_\_\_

Doctor Name: \_\_\_\_\_

Received Date: \_\_\_\_\_

Due Date: \_\_\_\_\_

Shade: \_\_\_\_\_



SHADE

UPPER

LOWER

**Metal Partial**

- Co-Cr
- Vitallium® 2000
- Metal Partial Try-in with Teeth
- Metal Partial Finish Only
- Metal Partial Finish Directly

**Printed Denture/ Partial**

- Printed Acrylic Partial Denture
- Printed Acrylic Full Denture

**Acrylic Denture**

- Partial Denture Try-in with Teeth
- Partial Denture Finish Only
- Partial Denture Finish Directly
- Full Denture Try-in With Teeth
- Full Denture Finish Only
- Full Denture Finish Directly

**Valplast/Flexible Denture**

- Valplast Try-in With Teeth
- Valplast Finish Only
- Valplast Finish Directly

**Removable Extrals**

- Custom Tray
- Bleaching Tray
- Soft Reline
- Repair
- Wax Bite Block
- Rebase

**Night Guard**

- Hard
- Soft
- Soft Inside/Hard Outside
  - Flat Plane
  - Canine Rise Guidance

**Sports Mouthguard**

- Single Layer
- Double Layer
- Triple Layer
- Colour (Specify): \_\_\_\_\_

**Anti-Snoring Device**

- Snore Guard
- Type: \_\_\_\_\_

**Orthodontic**

- Retainer
- Type: \_\_\_\_\_

**Clasp Desgin**

- Lab Select
- Valplast
- Tooth Color
- Wire
- Clear Flexible
- Cast



UPPER



LOWER

## INSTRUCTIONS: