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Order Form for Removable Prosthodontics

Account No

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Dentist

Clinic

Address

Phone

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Patient

Due Date*

		/			/		
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Time

		/		
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*When and from where can the box be picked up?

Type of work

Removable Prosthesis

☐ Acrylic ☐ Metal

Splint

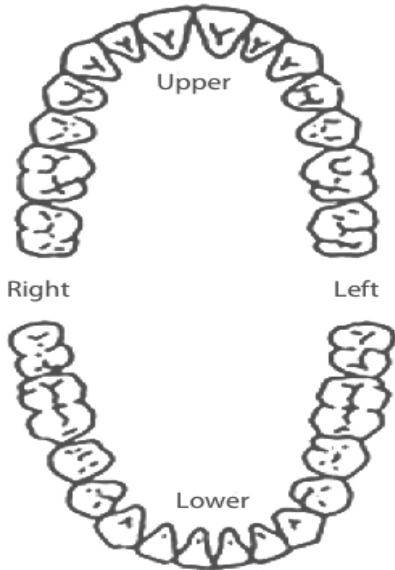
☐ Sports guard
☐ Bleaching tray

Relign/ Repair

☐ Full denture
☐ Partial Denture
☐ Overdenture

Other

☐ Sleep apnoe device
☐ Other _____



Short description

☐ Try in
☐ Direct finish

17	16	15	14	13	12	11

47	46	45	44	43	42	41

Shade

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 VITA

☐ Digital photos sent
(lab@dentarium.be)

21	22	23	24	25	26	27

31	32	33	34	35	36	37

Instructions

Attached

☐ Impression _____
☐ Model _____
☐ Bite index _____
☐ _____
☐ _____
☐ _____
☐ _____

Date

		/			/		
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Signature

In case you would like to design your own protheses, please check this mark, print out the pdf and scan it back to us.