

PROSTHETICS & CASTINGS LAB SHEET

DATE: DENTIST: SURGERY:

PATIENT DETAILS

FIRST NAME															
SURNAME															

FRAMEWORK

- U L
 CHROME CASTING
 VALPLAST

STAGE

- U L
 TRY IN METAL
 FRAME+REG RIMS
 TRY IN + TEETH
 FINISH DENTURE

ACRYLIC DENTURES

- U L
 FULL DENTURE
 PARTIAL DENTURE

STAGE

- U L
 REG RIMS
 TRY IN TEETH
 RETRY TEETH
 FINISH DENTURE

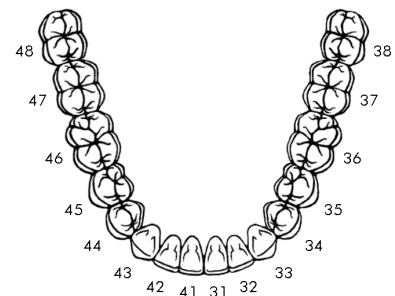
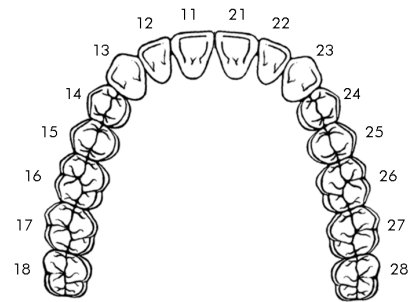
REPAIRS & RELINES

- U L
 BASIC REPAIR
 REPAIR ADDITION
 LASER WELD
 LASER WELD ADDITION
 PARTIAL RELINE
 FULL RELINE
 SOFT-LINER RELINE
 REBASE

OTHER

- U L
 OCCLUSAL SPLINT
 BLEACHING STENT
 CLEAR SPLINT
 SPECIAL TRAY
 MOUTHGUARD
 SLEEP APNOEA DEVICE
 SURGICAL STENT
 OTHER

INSTRUCTIONS



DATE & TIME REQUIRED: