GIORGIO dental laboratory

REMOVABLE PROSTHETICS & ORTHODONTICS LAB SHEET

DENTIST: .....

SURGERY: .....

RETURN DATE: .....

Your case will be returned by close of business on your requested return date.

We recommend requesting return at least one day before patient's appointment.

PATIENT DETAILS

FIRST NAME: .....

SURNAME: .....

DENTURES

FRAMEWORK

U L

- ☐☐ CHROME CASTING
- ☐☐ TITANIUM
- ☐☐ PARTIAL ACRYLIC
- ☐☐ FULL ACRYLIC
- ☐☐ VERSACRYL
- ☐☐ VALPLAST
- ☐☐ WHITEPEAKS COPRAPEEK

PROSTHETICS

U L

- ☐☐ SPECIAL TRAY
- ☐☐ REGISTRATION RIMS
- ☐☐ TRY IN FRAMEWORK
- ☐☐ TRY IN TEETH
- ☐☐ RETRY TEETH
- ☐☐ FINISH DENTURE

REPAIRS & RELINES

U L

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

MISCELLANEOUS

U L

- ☐☐ BLEACHING TRAY
- ☐☐ CLEAR STENT
- ☐☐ MOUTHGUARD
- ☐☐ SLEEP APNEA DEVICE
- ☐☐ CLEAR SUCKDOWN STENT
- ☐☐ IMPLANT TOOTH STENT
- ☐☐ SURGICAL STENT/GUIDE
- ☐☐ RADIOGRAPHIC STENT
- ☐☐ OTHER

ORTHODONTICS

OCCLUSAL SPLINTS

U L

- ☐☐ HEAT CURED
- ☐☐ BILAMINAR
- ☐☐ ASTRON CLEAR SPLINT
- ☐☐ SOFT
- ☐☐ ANTERIOR MINI SPLINT NTI
- ☐☐ FARRAH
- ☐☐ KEYSTONE
- ☐☐ OTHER

REMOVABLE

U L

- ☐☐ SCHWARTZ
- ☐☐ SAGITTAL/SCHWARTZ
- ☐☐ 3D
- ☐☐ TWIN BLOCK
- ☐☐ BIONATOR
- ☐☐ OTHER

FIXED

U L

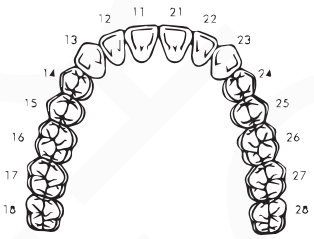
- ☐☐ HERBST
- ☐☐ RME (BANDED)
- ☐☐ RME (ACRYLIC)
- ☐☐ SUPERSCREW
- ☐☐ QUAD HELIX
- ☐☐ LINGUAL ARCH (6-6)
- ☐☐ SPACE MAINTAINER
- ☐☐ OTHER

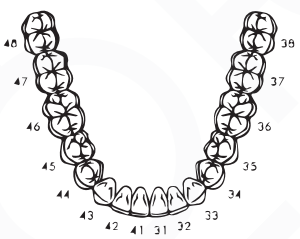
RETAINER

U L

- ☐☐ HAWLEY
- ☐☐ BEGG
- ☐☐ TRUTAIN
- ☐☐ SPRING HAWLEY
- ☐☐ SPRING ALIGNER
- ☐☐ LINGUAL ARCH (3-3)
- ☐☐ CLEAR ALIGNER STENT
- ☐☐ OTHER

INSTRUCTIONS





☐ PLEASE CALL DENTIST FOR FURTHER INSTRUCTIONS

PREFERRED PH. NUMBER: .....

☐ I HAVE A PRE-BOOKED CASE

PRE-BOOK NUMBER: .....

SHADE DETAILS:

Email shade images: **photos@giorgio.com.au**

Contact case support: **giorgio@giorgio.com.au**

A: 205-209 Moreland Road Coburg Victoria 3058

T: 03 9386 7900

W: www.giorgio.com.au