DentalNice
Email: info@dentalnice.com
web: www.dentalnice.com

Date Sent:_____

Case Number

Date Due:_____

Address:
Postal Code:
Mobile:
Contact :

Dentist:

Patient:

We sent: ☐**Impression** ☐**Model** ☐**Bite** ☐**Study Model** ☐**Abutement** ☐**Other**

REMOVABLE RESTAURATIONS

Restauration ☐**Upper/** ☐**Lower** **Tooth shade**_____

☐Partial Chrome (framework ☐Set up teeth
☐Valplast ☐Expander/Retainer
☐Acrylic-Denture ☐Occlusalspling

☐**Bite rims** ☐**Bleaching tray**

☐Special tray ☐Invisaligra(refiners)
☐For try-in ☐finish acrylic ☐finish in Valplast

SPECIFIC INSTRUCTION: